State of Maryland / Department of Health

16501

| Department of Health and | Mental Hygiene | |
|--------------------------|----------------|--|
| Certificate of Death | Reg. No. | |

Physiclan /Medical Examiner

2. Data of Death

3. Time of the

1 Yas X No

6:00 PM

Funeral

Birthpiaca (Stata or Foraign Country)

WHITE

Director

10a State

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at **Funeral Director** þ Be Completed

death with the Maryland Pages 1 and 2 should be filed within 72 hours effer nent of Heelth end Mental Hygiene. nent of Health en.
Ti: If Item 27 is m.
y or other permit. Page Department of Important: If any Injury or

2

Examiner

Be

2

Certification:

Medical

Baltimore, Maryland 21215-0020

Physiclan /Medical Examiner

The lew requires that the death certificate be executed use as the burial-trar signed by peed hes certificate Attending Physician: this After t ours after death. eral Director: Af filled in by the fu To the Hospital of within 24 hours a To the Funeral D

Division of Vital Records, P.O. Box 68760,

1. Decedant's Nama (First, Middla, Last) MAY 14, CATHERINE LOUISE **JONES** 1997 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Daath 11805 CHERRY TREE CROSSING ROAD BRANDYWINE PRINCE GEORGE'S If Undar 1 Yaar | If Undar 24 Hrs. | 8. Data of Birth Months | Days | Hours | Min. | (Month, Day, Yaar) 5. Social Security Number 7. Aga (In yrs. last birthday) Days 1□M 2 F 218-52-9882 Yrs. 48 JULY 28, 1948 MARYLAND Usuai Rasidanca of Decedant 10h County 10c. City, Town or Location 10d. Inside City Limits MARYLAND PRINCE GEORGE'S BRANDYWINE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 17306 CROOM ROAD 20613 UNITED STATES 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 M No If Yas, Giva Yaar or Datas: 11 Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 ☐ Navar Marriad 2 ☐ Married 1 ☐ Yas 2 No Specify: 3 Widowed 4 Divorced Specify: 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratirad) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry PRINCE GEORGE'S CO. Elamantary/Secondary (0-12) College (1-4or 5+) SECRETARY PUBLIC SCHOOLS 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) CHARLES EDWARD RICHARDS MARJORIE ALICE KIDWELL 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 20613 HELEN RICHARDS - SISTER 11805 CHERRY TREE CROSSING RD., BRANDYWINE, MD 20a. Mathod of Disposition

XXBurial 2 □ Cramation 3 □ Ramoval from Stata 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata TRINITY MEM. GARDENS, MAY 17, 1997 WALDORF, MARYLAND 4 ☐ Donation 5 ☐ Othar (Spacify) MGB Signature of Funaral Sarvice Licensee amire) THE HUNTT FUNERAL HOME, INC. SHANNON RAMIREZ M00798 P.O.BOX 156, WALDORF, MARYLAND 20604 23a. Pert1. Entar tha diseese, or complications that ceusad tha death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Immedieta Cause (Final disaasa or condition rasulting In daath) a Porly differentiated Mecinous Parillary Ceptadenocarcinoma 6400 Dubio (or as a consequence of): Sequantially list conditions, if any, laading to Immadiata causa. Enter Undarlying Cause (Disaasa or injury that Initiated avants rasulting In daath) Last Dua to (or as a consaquance of): Dua to (or as a consequence of):

Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. þ Completed

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy performed?

24b. Wara autopsy findings available prior to completion of ceusa of daath?

XXX 1 🗆 Yas 26. Place of Daath (Check only one)

1 ☐ Yas 2 ☐ No

Approximata Intarval Batween Onsat end Deeth

25. Wes cesa rafarred to medicel axaminar? 1 Yas 2 No 27. Mannar of Deeth

5 Panding invastigation 6 Could not be datamined

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Data of Injury (Month, Day Year)

Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 28b. Tima of 28c. Injury at Work? 1 ☐ Yas 2 ☐ No

28d. Dascribe how injury occurred

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

29a. Certifian (Check only one)

2 Accidant

3 Sulcida

4 Homicida

11. Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, end due to the cause(s) end mennar as steted.
2 Medicat Examiner: On the bests of examinetion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end mannar steted.

29b. Signatura and title of certifian

29c. Licanse number

29d. Dete signed (Month, Day, Year)

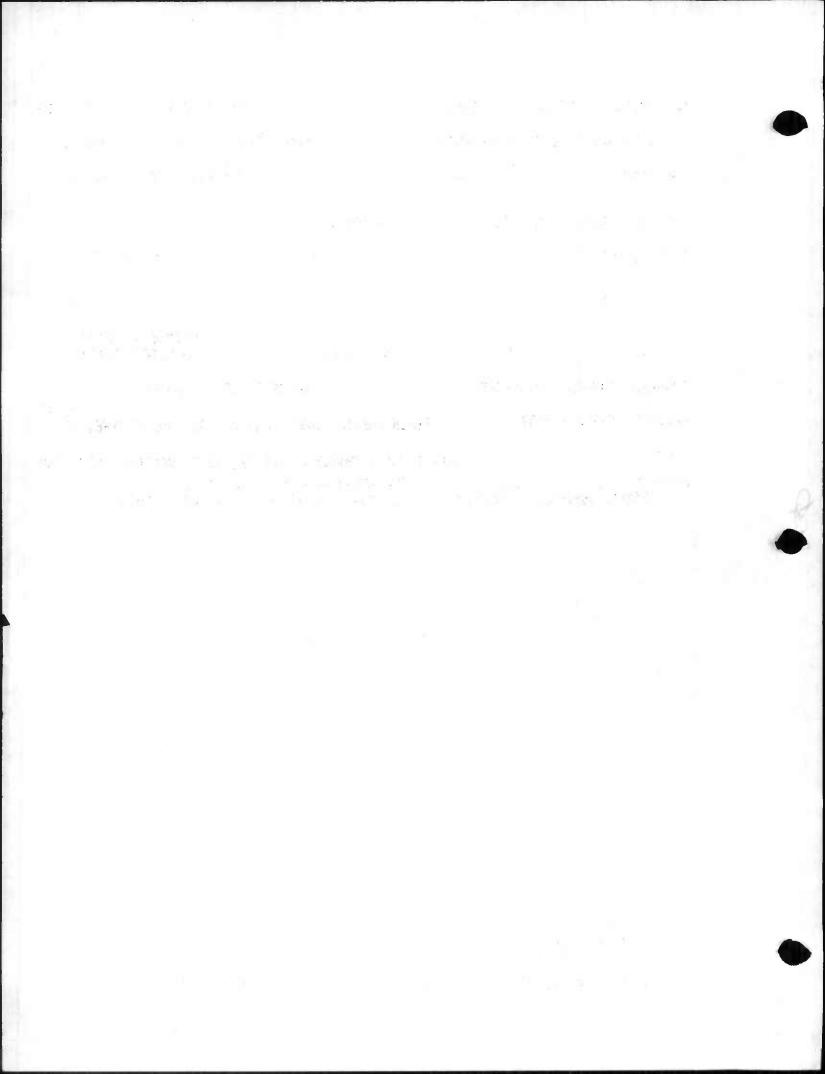
30. Nemys end eddress of person who complated ceuse of daath (Item 23a) (Type, Print)

8926 Woodenard Road Suste 201 Clinton, his 2073+ enny, 31. Data filad (Month, Day, Yaar)

State Registrar

32. Registrar's Signatura

28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)



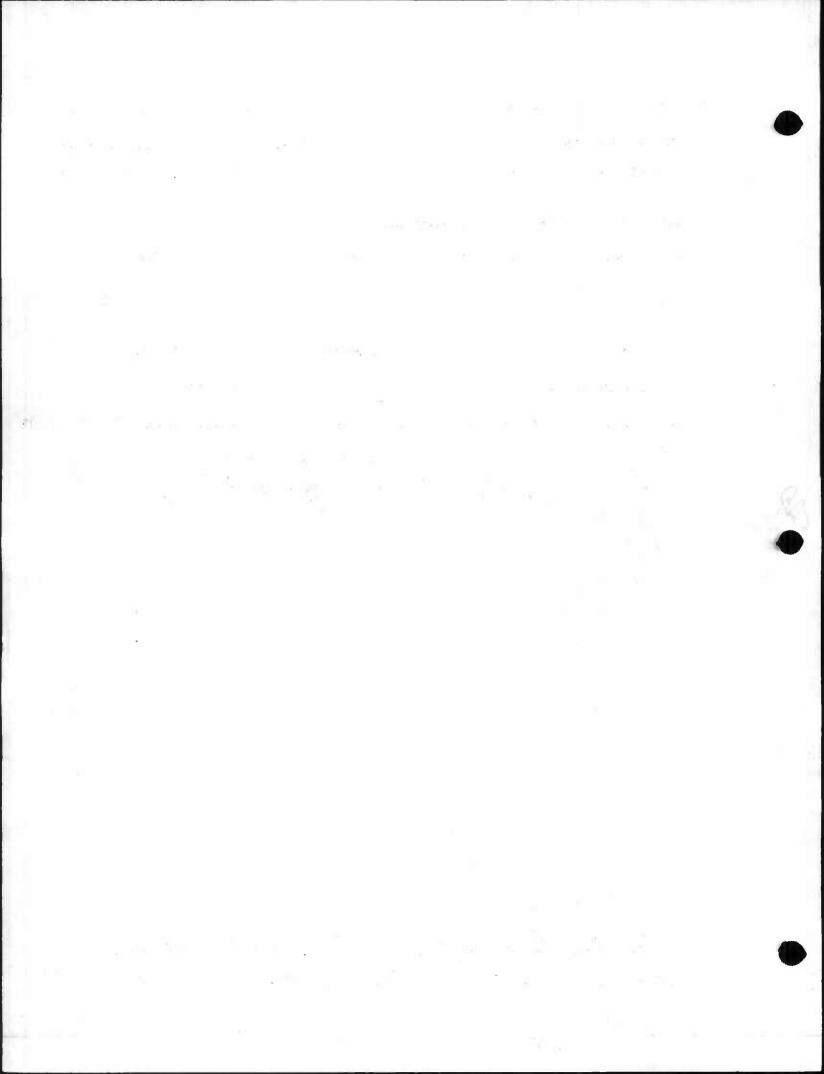
State of Maryland / Department of Health and Mental Hygiene 97 16502

| | Certificate of Death | h | Reg. No. | 10002 |
|--|--|--|---|---|
| Physician | 1. Decedent's Name (First, Middle, Last) Wilbur Thomas JESSON, SR. | 2. Date of De Month May 18 | eath Day Yeer | 3. Time of Death 6:45 а.п |
| /Medical | | own, or Location of Deet | | |
| Examiner | | erstown | Washingt | |
| ineral rector | 5. Social Security Number 6. Sex 1 № M 2□ F 7. Age (In yrs. last birthday) 1 № Months Days Hours | Min. 8. Date of Bir (Month, Pa | th 9. Birth Cou | place (State or Forei |
| | Usual Residence of Decedent | | | |
| notified at | 10a. State 10b. County 10c. City, Town or Location | | | 10d. Inside City Llm |
| be notified | Maryland Washington Hagerstown | | | 1 □XYes 2 □ 1 |
| 0 8 0 | 10e. Street end Number 10f. Zip Code 21740 | | U.S.A. | intry? |
| Examiner must Examiner must by Funeral | 11. Maritei Status 1 □ Never Merried 2 ☑ Married 3 □ Widowed 4 □ Divorced 12. Was Decedent Ever In U,S. Armed Forces? 1 ☑ Yes 2 □ No If Yes, Give W • W • II 1□ Yes 2 ☑ No Specify | | 9- 14. Race - Ameri Bleck, White Specify: Wh | , etc. |
| t, tre Medical Completed | 15. Decedent's Education 16e. Decedent's Usual Occupation (Specify only highest grade completed) (Give kind of work done during mo | est of working | 16b. Kind of Business/Ir | ndustry |
| a du | Elementary/Secondary (0-12) College (1-4or 5+) life. DO NOT use retired) | | | |
| vent, the | 0-12 4 regional head tell 17. Fether's Name (First, Middle, Last) 18. Moth | | banking | |
| . m | | her's Name <i>(First, Middle,</i> Lorence Robi | | |
| To E | 19e. Informent's Name/Reletionship (<i>Type, Print</i>) 19b. Malling Address (Street end Numb | | | - Codel |
| r trau | Mrs. June Jesson/ Wife 923 Marion Street, | | | 21740 |
| or other traumatic | 20a. Method of Disposition 20b. Pleca of Disposition (Neme of | Date | 20c. Location - City or T | |
| = b | 1 □ Burial 2 ☑ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) Hagerstown Crematory | | 997 Hagersto | |
| Important: If eny injury or once. | 21. Signeture of Funeral Service Licensee 22. Name end Address of Feci 415 East Wilson | * | Funeral Home erstown, Ma | |
| sician edical miner | 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such a shock, or heart failure. List only one ceuse on each line. Immediate Ceuse (Final disease or condition resulting in death) e. OR PULMON ALB e. | 3 volume of respiratory e | | Approximate interval Between Onset and Death |
| ettending physician end for use es the buriel-transit clan/Medical Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or as a consequence of): CHRONIC BBSTUCTIVVF Due to (or as a consequence of): CHRONIC BBSTUCTIVVF Due to (or as a consequence of): | PULMMOLY | DHBAB | 304 |
| for | Double Outron double of the control | | | |
| detached | Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part PER I PATROL VAS CULAR DIS BOSS MALULAR | 1 | tobacco use contribute t | o the cause of deat bably 4 - Unkno |
| ate hes been signed by the ettendin page 2 should be detached for use Completed by Physician/N | OKERNERATION, BEN16TU PROSTAGE MAPERTRO | 24e. Wes period | ormed? av | Vere eutopsy findings vailable prior to completion of ceuse death? |
| | | 1 🗆 1 | Yes No 1 | ☐ Yes 2☐ No |
| Be | exeminer? Hospital: | ce of Death (Check only o | one) | |
| rel dire | TE Imparient 2E En/Outpatient 3E DOX 4EN | | dence 6 Other (Speci | fy) |
| A: Atter | Deturel 5 ☐ Pending (Month, Dey Year) Injury Work? 2 ☐ Accident investigation M 1 ☐ Yes 2 ☐ | | how injury occurred | |
| Ompletely filled in by the funering Medical Certification: | 3 ☐ Suicide 4 ☐ Homicide 6 ☐ Could not be determined 28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify) | 28f. Location (City or To | Street and Number or Run wn, Stete) | el Route Number, |
| completely filled in by the funeral Medical Certification: | 29a. Certifier (Check only one) Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date et and menner. On the basis of examination and/or investigation, in my opinion, defended by the control of the con | nd place, end due to the eth occurred et the time, | ceuse(s) end menner as s date end plece, and due t | stated. o the ceuse(s) |
| Me | 29b. Signature and title of certifier 29c. License number | | 29d. Date signed (Month, | Day, Year) |
| | mo nun! | 122 | 5-19-1 | 37 |
| | Name and address of person who completed cause of death (Item 23e) (Type, Print) White the completed cause of death (Item 23e) (Type, Print) White the completed cause of death (Item 23e) (Type, Print) 31. Date filed (Month, Dey, Year) 32. Recistrer's Signetures | VIEW DR | 5-19-9 HABBERTO | nen/2174, |

Registrar

State of Maryland / Department of Health and Mental Hygiene

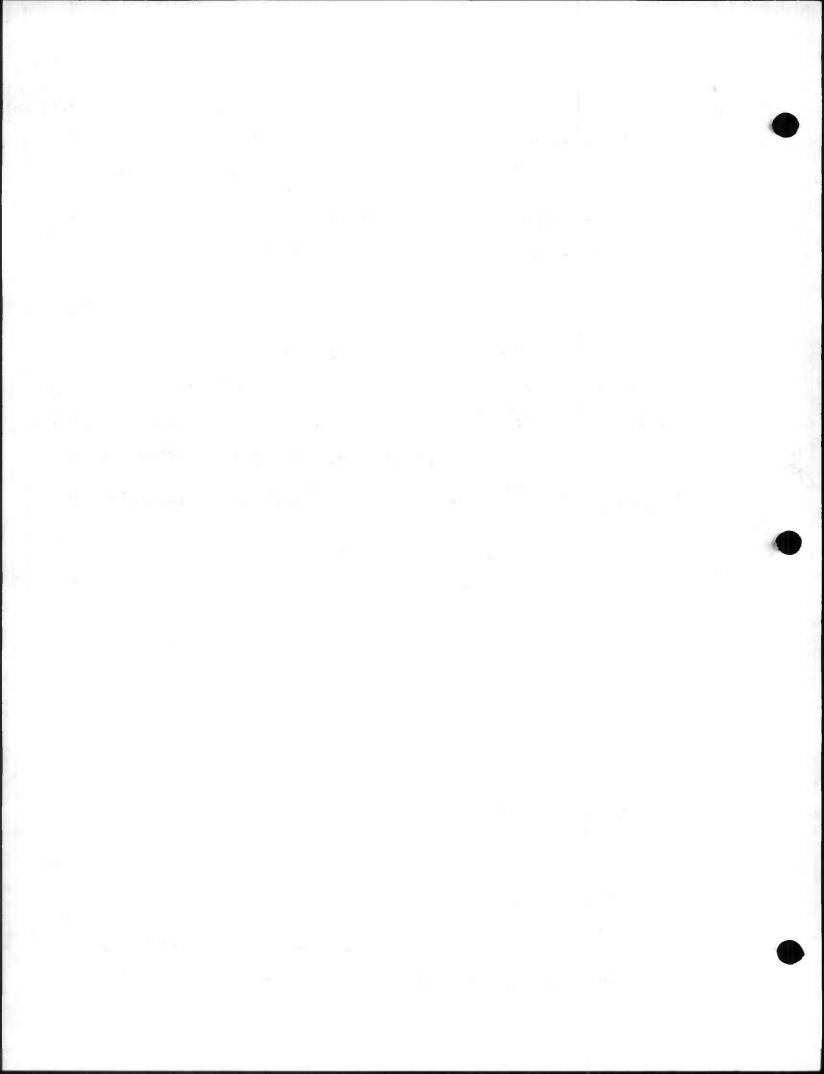
| | | | | | Cei | rtificate of | Death | R | eg. No. | 97 | 165 | 03 |
|---|-----------------|---|---|---|-------------------------|--|--|--|-------------------------------------|-------------------------|--|---------------|
| | | 1. Decedant's Nama (First, Middle | , Last) | | | | | 2. Data of Daa | th | | 3. Tima of D | aath |
| Physic /Medi | | Jennie | Jenkins | | | | | Month May | 9 1 | 997 | 7:05 | РМ |
| Exami | | 4a. Facility Nama (If not institution | , giva straat and numbe | r) | | | 4b. City, Town, or L | ocation of Daath | 4c. County | | | |
| | | Laurel Hospita | 1 | | | | Laure1 | | Prin | ce G | eorges | |
| Funeral | | 5. Social Sacurity Number | | Aga (In yrs. last | birthday) | If Undar 1 Yaa Months Days | r If Undar 24 Hrs. | 8. Data of Birth (Month, Dey Feb. 15 | Vear | 9. Birthp | laca (Stata or f | Foraign |
| Director | | 578-22-4383 | 1□M 2☑F | 74 | Yrs. | Monard Days | , riodio Wiii. | Feb. 15 | , 1923 | Washi | lngton, | D.C |
| pur | | Usual Rasidance of Dacedant 10e. Stata 10b. County | | 10c. City, To | um or Lo | ontion | | | | | | |
| sho | 5 | | | | | | | | | 11 | 0d. Insida City 1 ☑ Yas 2 | |
| the A | Director | Maryland Prince | Georges | Beli | tsvi | | | | | | | |
| with a or | 눕 | | 11 0 1 // | 101 | | 10f. Zlp Coda | | , | 0g. Citizan of W | | try? | |
| s 23 | era | 11214 Cherry Hi | 12. Was Decedar | | 10.1 | 2070 | | anife Manay No | USA | | an Indian. | |
| and ZIZIS-UUZU be filed within 72 hours after deeth with the Maryland tial Hyglena. d other than "natural", or items 23a or 28a-1 show event, if a Medical Examinar must be notified at | by Funeral | 1 ☐ Navar Marriad 2 ☐ Marri 3 🖾 Widowad 4 ☐ Divorced | Armed Forces | RNo | | of Yas, specify Cul | Hispanic Origin? (Sp ban, Maxican, Puarto Spacify: | Rican, atc.) | | k, Whita, | | |
| Z1Z15-00Z0 d within 72 hours af gliena. or than "natural", or the wedien Exam | 8 | 15. Dacedant | | | Sa. Decer | dant's Usual Occu | ination | | 16b. Kind of Bu | | | |
| within 72 ena. | Completed | (Spacify only highas | t grada complatad) | | (Giva lifa. l | kind of work done DO NOT usa ratin | a during most of worked) | king | TOD. KING OF DO | 511005571110 | rusti y | |
| d with giena. | E O | Elamantary/Secondary (0-12) | Collaga (1-4o | 3+) | H | Housewif | e | | Own H | ome | | |
| yland 2 ould be filed v Mental Hygie arked other etic event, tr | Bec | 17. Father's Nema (First, Middla, I | .est) | | | | 18. Mothar's Nam | a (First, Middla, I | Maidan Surnam | a) | | |
| ylan buld be Mental Mental arkad o | To | Leonard Prenci | pe | | | | Mariet | ta Grill | i | | | |
| Maryland nd 2 should be flie lith end Mental Hy 27 la merkad other r traumetic event | | 19a. Informant's Neme/Ralationsh | lp (Type, Print) | 1: | 9b. Mailir | ng Àddress (Straa | t and Numbar or Ru | re/ Routa Number | , City or Town, | State, Zip | Code) | |
| and and a | | Diane Marie Jen | kins / Daug | ghter 1 | 1214 | Cherry | Hill Road | 1, #101, | Beltsv | ille, | MD 20 | 0705 |
| ballmore, Marylal pamit. Pages 1 and 2 should be Department of Health and Menta Important: if Nem 27 Is marked any highry or other traumstic ence. | | 20a. Mathod of Disposition 12 Burial 2 Cramation | 0.00 | | of Dispo | sition (Nama of natory or other pla | ace) | Data | 20c. Location - | City or To | wn, Stata | |
| Pag A | | 4 Donation 5 Other (Sp | acify) | | irred | ction Cer | metery 5 | /13/97 0 | linton. | Mar | vland | |
| S The State of State | | 21. Signature of Funeral Service L | icenses / / / | 1// | // 22 | . Nama and Addr | ass of FacilityHin | es-Rinal | di Fune | ral | Home | |
| n sames | | N XIIII | T. YOU | and | S | 1800 New | Hampshir ring, Mar | e Avenue | 0904 | | | |
| 1 TO 1 | | 23u Part Enter the disaasa, or shock, or haart failura. List o | complications that cause | d tha daath. D | | | | | | | Approximata | |
| Physician | | SHOCK, OF HARIC FAILURA. LIST | | | | | | | | | Intarval Betwa Onsat and Dea | an |
| /Medical | | Immadiata Causa (Finel disaasa or condition | A | rito. | Min | neardi | al Int | autim | | | 10 m | ing |
| Examiner | | rasulting in daath) | a | Due to (or es | a conseq | uence of): | | | | | | |
| D & | ner | | D | abete | 5 | nellit | us | | | | 2041 | aus |
| rificate be executed ng physician end as the burial-trensit | edicai Examiner | Sequantially list conditions, | Ь. | Dua to (or as | a consaq | uance of): | al Info | | | | 20 ye | |
| dian e exe | ũ | Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Disease or injury | Se | ven | Att | herosch | Lewsis | | | · i | 10 46 | ars |
| ficate be ex physician s tha burial | lica | thet Initieted events rasulting in daath) Last | С. | Dua to (or as a | | | | | | | - | |
| ing p | 5 | | | | | | | | | | | |
| death cert | lan/ | | d | | | | | | | | | |
| . 6 0 0 | Physician/ | Part II. Other significant condition | s contributing to death | but not rasulting | in tha ur | ndariying ceuse g | ivan in Part i. | 23b. Did to | bacco use con | tribute to | the cause of c | death? |
| of by the defeached | | | | | | | | 1 🗆 Y | 98 2 No | 3 Prob | oably 4 Un | nknown |
| res the | þ | | | | | | | | | | | |
| he lew requires that the lew requires that the lew as been signed by the age 2 should be detached. | Completed | | | | | | | 24a. Was a perform | | ava | ara autopsy find allabla prior to mplation of caud daath? | |
| E 2 4 8 | NO. | | | | | | | 1 🗆 Ya | s 2 No | 1 [| Yas 2□ No | 0 |
| vician: The | Be C | 25. Was cesa refarrad to madicel | | | | | 26. Placa of Deal | th (Check only on | | | | |
| lysic ls ce direc | To | axeminar? | Hospital: | iant 2 ER/C | Outpatien | t 3 DOA Ot | her | oma 5 ☐ Rasida | 100 | r (Specify | () | |
| Attending Physician: r death. sctor: After this certifica by the funeral director, | | 27. Mennar of Daath 1 ☑Natural 5 ☐ Pending | 28a. Dete of In | | . Tima of Injury | 28c. inju | | 28d. Dascribe ho | | | | |
| uttendir death. ctor: Af | atic | 2 ☐ Accidant invastig | ation | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , , | | Yas 2□No | | | | | |
| or Attending Physician: Taler death. Jinector: After this certificat in by the funeral director, p | Certification: | 3 ☐ Suicida 6 ☐ Could no determin | ad 28a. Place of Ir | iury - At homa, tc. (Specify) | farm, stre | eet, factory, office | | 28f. Location (St City or Town | | or Aurai | Routa Numbe | r, |
| rs aff | Cer | | | (| | | | | , | | | |
| To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral | edicai | 29a. Cartifiar 1 CertifyIng (Check only one) | Physician: To the best xaminer: On the basis and mannar s | of exeminetion a | ge, deeth ind/or inv | occurred et the trastigetion, In my | ime, data and place, opinion, deeth occur | end due to tha ca red et tha tima, da | ause(s) end mer ata and plece, e | ner es ste nd dua to | eted. tha cause(s) | |
| To the To the Comi | 5 | 29b. Signatura and title of certifier | 2 1 | | _ | 29c. Lican | sa numbar | 2 | 9d. Data signed | (Month, E | Day, Yaar) | 17-18-1-1-1-1 |
| 10 | | Muchan | 1 Beren | el au | 1) | 7 | 2628 | 87 | 5/11/ | 97 | | |
| , | | 30. Nama and addrass of person w Michael 31. Data filed (Month, Day, Yaar) | ho completed ceusa of | daath (Item 23a |) (Typa, | Print) | | | 1. (| - | | |
| | | Michael | Berard | 730 | 5/3 | altin | re Ave | | | | | |
| Sta | te | 31. Data filed (Month, Day, Yaar) | 32. Ragist | rar's Signatura | , m | nda 90 | | | | | | |
| Registr | ar | MAY 1 5 | 199/ | ma wavedoc | m-Na | There | | | | | | |



State of Maryland / Department of Health and Mental Hygiene 97

| | | | | | | Cer | tificate of | Death | | P | eg. No. | | 0004 |
|-----------------------------|---|--|------------------------|---------------------------|----------------------|---------------------|---|------------------------------|---------------------------|---|------------------------------------|----------------------------------|------------------------------------|
| hysician | | . Decedent's Neme (First, M. | ddle, Las | | | | PT I | | - | 2. Dete of Dee Month | th Dey | Yeer | 3. Time of Death |
| nysician /Medical | _ | LORRAI | NE | i | JOHNS | ON | | | | May | | L997 | 12:40 P |
| xaminer | | a. Fecility Neme (If not institu | | | (ber) | | | | | cation of Death | 4c. Count | 11. | |
| | L | Holy Cross | Hos | spital | | | | | | Sprin | g Mor | ntgome | ry |
| neral | 5 | . Sociel Security Number | 6. Se | | 7. Age (In yrs. | | If Under 1 Year Months Deve | | 24 Hrs. Min. | 8. Dete of Birth (Month, Dey Dec 29 | Yeer) | 9. Birthpled | ce (State or Foreign |
| ector | 1 | 220-32-635 | 2 '' | □м җГ | 69 | Yrs. | | | I | Dec 29 | ,1927 | Mary 1 | and |
| | - | Jsuel Residence of Decedent 0e. Stete 10b. Cou | ab. | | 10a Ci | ty, Town or Lo | nation | | | | | 101 | tarida Ole I larie |
| Enriper must be notified at | | W. 191 | | | 100. 01 | | | | | | | 100 | I. Inside City Limits |
| Sct of | | | tgon | nery | | ROC | kville | | | | | | Mes 2□No |
| Director | 1 | 0e. Street end Number | | | | | 10f. Zip Code | | | 1 | 0g. Citizen of | - | 7 |
| i is | | 5707 Ri | dgev | | | | 208 | | _ 1. | | U.5 | 5.A. | |
| niper must | 1 | 1. Meritel Stetus | | 12. Was Dece Armed For | ces? | ,S. 13. V | Vas Decedent of Yes, specify Cu | Hispenic Ori ban, Mexical | igin? (Spe n, Puerto F | city Yes or No- Rican, etc.) | | ce - American ock, White, etc | |
| I A | | 1 Never Merried 2 N | | 1 ☐ Yes If Yes, Give | 3 | | ☐Yes 250 No | | | | Specia | 6 | |
| M 1 | - | 302AWidowed 4 □ Divor | | Year or Da | tes: | | | | | | | BTg | |
| Completed | | 15. Deced (Specify only hig | ent's Edu hest gred | ucation de completed) | | 16a. Deced (Give | lent's Usuel Occi kind of work don OO NOT use retir | upetion e during mos | t of working | ng | 16b. Kind of B | Business/Indus | itry |
| ompleted b | | Elementery/Secondary (0-1) |) | College (1- | 4or 5+) | | | | | | 37. | | |
| S | } | - F-00-1-10-1-10-1 | | 2 Yrs | | L | omesti | | Ret | | | one | |
| Be C | | 7. Fether's Neme (First, Midd | | _ | | | | | | (First, Middle, I | | me) | |
| 2 | - | Daniel | Woo | | | | | | .da I | Mae Ta | Aror | *** | |
| | 1 | 19e. Informent's Name/Relati | nship (T | Daugh | ter) | | g Address (Stree | | | | | | |
| other traumatic | - | Doris P. | Johr | ison | | | 7 Ridg | eway | Ave | , Rock | ville | , Md 2 | 20851 |
| | 2 | 0e. Method of Disposition 1 ■ Burlai 2 □ Crematic | | Damousl from O | tota (| cemetery, cren | sition (Name of netory or other pl | ece) | | | 20c. Location | | |
| | | 4 Donetion 5 Other | | | Ga | ate Of | Heave | n Cen | n. 5, | /15/97 | Silve | er Spi | ring, Md |
| SUCE | 1 | H: Signature of Funeral Serv | oe Licegé | 9 1 | - | 22 | Name and Add | rose of Easili | h | | | | |
| any injury or once | 4 | 23a. Part1. Enter the disease shock, or heart failure. I | L | // | 1 | , S | nowden | Fune | eral | Home | P.A, | 20850 | |
| | 1 | 23a. Part1. Enter the disease | or comp | lications that ca | used the deat | h. Do not ente | the mode of dy | Washi | ngto | on St, | ROCK | ville | pproximete |
| ian | | shock, or heart falure. I | ist only o | ne cause on ea | ch line. | | | | | 9 8 | | In O | ntervel Between Inset end Death |
| al | | mmediate Cause (Final | (| | CAPDI | O-DITT N | ONARY | ADDEC | e ep | | | | 24 Hrs |
| er | 1 | disease or condition esulting in death) | | a | - E-11 - T-12 - C-12 | ECOLORED DECISION | | MINICA |) T | | | - 1 | A MES |
| 5 | | | | | | or as a conseq | num-mess | | | | | | 3 Yrs |
| 듵 | | | | b | | CANCE | | | | | | - 1 | , 113 |
| Examiner | 1 | Sequentially list conditions, fany, leading to immediate sause. Enter Underlying | | | Due to (c | or as a consequ | uence of): | | | | | | |
| | | Jause (Disease or injury | ₹ | c | | | | | | | | | |
| /Medical | 1 | hat initiated events esulting in death) Last | | | Due to (o | r as a consequ | ience of): | | | | | | |
| | | | • | d | | | | | | | | | |
| | | | | unt | | | | | | | | | |
| Physician | P | art II. Other significant cond | tions co | ntributing to dea | ath but not res | ulting in the un | derlying cause g | iven in Part | | 23b. Did to | becco use co | ontribute to th | ne cause of death? |
| | | | | | | | | | | 1 🗆 Y | es 2 No | ¥2₽robat | oly 4 Unknown |
| b | | | | | | | | | | | | Lacron | |
| Completed | | | | | | | | | | 24a. Was a perform | n autopsy ned? | availa | autopsy findings able prior to |
| 음 | | | | | | | | | | | | of der | letion of cause ath? |
| E O | | | | | | | | | | 1 🗆 Y | NS 250 No | 101 | /es 2□ No |
| Be | | 5. Was case referred to med | iac | | | | | 26. Place | of Death | (Check only on | e) | | 1000 |
| 10 | | examiner? 1 ☐ Yes 3€3No | 1 | Hospital: 130 In | patient 20 | ER/Outpatient | 3D DOA | ther | | ne 5 Reside | 1000 | her (Specify) | |
| | | 7. Manner of Death | | 28a. Date of | Injury | 28b. Time of | 28c. Inj | | | 28d. Describe ho | and the constraint of the court of | | |
| Certification: | | 1X Natural 5 Per 2 Accident inve | ding stigation | Iwouth | , Day Year) | Injury | | ork7 ☐Yes 2☐ | No | | | | |
| flee | | 3 ☐ Suicide 6 ☐ Cou | id not be mined | 28e. Place o | of Injury - At he | ome, farm, stre | et, factory, office | | 2 | 81. Location (St | | ber or Rural R | loute Number, |
| - Part | | 4 ☐ Homicide | · III · | buildin | g, etc. (Specif | 97 | 30 | | | City or Town | i, State) | | |
| 0 | 1 | 9a. Certifier No Certif | ring Phy | sician: To the h | est of my kno | wiedge, death | occurred at the I | time, date en | d place, a | and due to the or | turse(s) and m | enner as etek | ed. |
| Medical Cer | 1 | | al Exami | iner: On the bar | is of examina | tion and/or inv | estigation, in my | opinion, dea | th occurre | ed at the time, d | ate and place, | and due to th | e cause(s) |
| Me | | 9b. Signature and title-of cert | fier | / | 7 | | 29c. Licer | nse number | | 2 | 9d. Date signe | ed (Month. De | y, Year) |
| | | 1 | 1000 1000 1000 | (| 1 . | | | | | | May 1 | | |
| 2 | L | ·Con | ~ | w | | | | 32247 | | | nay 1 | 2, 19 | J 1 |
| | 3 | 0. Name end eddress of pers | | ompleted cause | of deeth (Item | n 23e) (Type, I | Print) | than | chir | EM D | #208 | 77 | |
| | 1 | N. Farr | 1.D. | 20T | | | ve, Ga | Luer | อมนา | y, ma | 17 Z U O | , , | |
| State | 3 | 1. Dete filed (Month, Day, Ye | 9 1 | 32. Re | gistrar's Signe | eture | | | | | | | |
| gistrar | | mni. | 0 1 | 22/ | Julia Da | vidson A | indepo. | | | | | | |
| State egistrar | 3 | 1. Dete filed (Month, Day, Ye | 3 1 | 32 Re | nistrar's Sinne | | | | | | | | |

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| | | | State of Marylar | - | artment of h rtificate of | | Mental Hy | giene 9 | 7 1 | 6505 |
|--|----------------|---|--|------------------------|---|---|------------------------------------|---------------------------------------|----------------|--|
| Physic | ian | Decedent's Name (First, Middle, Las | () | | | Section 1 | 2. Date of Da Month | aath Day | Yaar | 3. Time of Death |
| /Medi | ical | Robert Henry Kr 4e. Facility Name (If not institution, give | | | | 41 07 7 | May | 16, 1 | 1997 | 1:30 am |
| Exami | ner | | | | | 4b. City, Town, or l | | | | |
| 。 Funeral | | Adventist Health 5. Social Security Number 6. Se | | last birthday) | If Undar 1 Yaar | Takoma P | ark 8. Date of Bi | | gomery | na (Ctata as Easai |
| Director | | 389-12-7316 | M 2□F 75 | Yrs. | Months Deys | Hours Min. | (Month, D | ay, Year) 26, 1921 | | ea (Stata or Forei) onsin |
| p , | | Usuel Residence of Dacedent | | | | | Бере. | -0, 1721 | WISC | JIISIII |
| show | - | 10a. State 10b. County | | ty, Town or Lo | | | | | 10d | . Insida City Limit |
| the N | Director | Maryland Prince G | eorge's Col. | lege Pa | | | | | | 1 X Yes 2 □ N |
| with ba or | | | | | 10f. Zip Coda | | | 10g. Citizen of V | Vhet Country | ? |
| heath res 23 | Funeral | 7408 Sweetbriar D | 12. Was Decedent Evar in U | S 13 V | 20740 | tienenic Origin? (Se | poity Vac or N | U.S.A. | e - American | Indian |
| n 72 hours after death with the Manyland *netural', or flems 23a or 28a-f show adical Exactinet mat be notified at | by | 1 ☐ Never Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced | Armed Forces? 1 🔯 Yes 2 🗆 No 194 If Yes, Give Yaer or Detes: 194 | 2- | Yes, specify Cub | tispenic Origin? (Sp an, Mexicen, Puarto Specify: | Ricen, atc.) | Blac | k, White, etc | |
| neturn | Completed | 15. Decedent's Edu | ucetion | 16e. Deced | ent's Usuel Occup | petion | | 16b. Kind of Bu | ısiness/Indus | stry |
| .c | ple | (Specify only highest grad | College (1-4or 5+) | (Give) | kind of work dona OO NOT use retire | during most of world) | cing . | | | |
| | S | | 4 | Sales | Vice Pre | esident | | AW Indu | strie | S |
| S la b S | Be | 17. Fether's Neme (First, Middle, Last) | | | | 18. Mother's Nem | | | (8) | |
| d 2 should be ith end Mental 7 is marked or traumatic eve | To | Robert H. Kressin | | 1 | | Teresa | | 0 | | |
| 12.5 her | | 19e. Intorment's Name/Relationship (T) Ruth Parker Kress | | | | and Number or Ru | | | | |
| OEZ | | 20e. Method of Disposition | 20b. P | lece of Dispos | sition (Name of | iar Drive | , COILE | ge Park, | | |
| permit. Pages I Department of H Important: If Ite any injury or ot once. | | 1 ☐ Burial 2 ☐ Cremetion 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify) | Removal from State | emetery, crem | atory or othar plac | 1 | | | | |
| ortan Injur | | 2) Sometime of Pupper Service Licens | | - | tan Crem | | 0/1//9/ | Alexand | ria, \ | irginia |
| Depa Impo any ir | | (1) MA | 117 | Y F1 | rancis Ga | asch's So | | | | |
| | 9 | 23a. Pert1. Enter the dise ise, or compl | lications that caused the deal | Do not ente | 739 Balt: | imore Ave | nue, Hy | attsvill | | 20781 oproximata |
| hysician | | 23a. Pert1. Enter the dise se, or compleshock, or heart failure. List only or | na cause on each line. | 1 | | ·g, 000: 03 0010id0 | or rospiratory e | 31103(| i In | tervel Batween |
| /Medical | | Immediate Cause (Final disease or condition | SEP | 515 | | | | | 3 | -4 day |
| Examiner | | resulting in deeth) | a. Due to (c | r es e consequ | uence of): | | | | | , , , |
| De # | Examiner | | b | | | | | | | |
| cete be executed physician and s the burial-transit | xar | Sequentially list conditions, if eny, leeding to immediata | Due to (o | r es e consequ | uence of): | | | | | |
| sician bunia | dical | ceuse. Enter Underlying Cause (Disease or injury that initiated events | c | | | | | | | |
| | | resulting in deeth) Last | Due to (or | r as e consequ | ience of): | | | | į | |
| ettanding p | M | | d | | | | | | | |
| | sicia | Part II. Other significant conditions cor | ntributing to death but not resu | ulting in the un | derlying cause alv | an in Part I | 23h Did | tobacco use con | atribute to th | a name of deat |
| ed by the ettandin datached for use | Physician/M | | ecent bas | | | | | N | | e cause of deat |
| igned be da | by | 77.00 | econ ous | STOTT | restima. | x oute, | | | | |
| ts been s 2 should | Completed | | | | | | | an autopsy ormed? | availa | eutopsy findings bla prior to etion of ceuse ath? |
| | Con | | | | | | 10 | Yas 2 No | 1 🗆 Y | es 2 No |
| s certificate ha director, page | Be | 25. Was cese referred to medical exeminer? | | | | 26. Plece of Deet | h (Check only o | one) | | |
| 5 2 | 2 | 1 162 5 140 | | ER/Outpetient | | 4 12 Nursing Ho | | dence 6 □Othe | | |
| After | For | 27. Menner of Deeth 1. Pending investigation | 28e. Date of Injury (Month, Day Year) | 28b. Time of Injury | 28c. Injury Work | | 28d. Describe | how injury occurre | ed | |
| aftar daath. Director: After t | fical | 2 Accident investigation 3 Sulcide 6 Could not be | 28e. Plece of Injury - At ho | me form stro | | Yes 2 □ No | 29f Location / | Street and Numbe | or or Dun I D | nute Atum has |
| 250 | Certification: | 4 ☐ Homicide determined | building, etc. (Specify | () | et, rectory, office | | City or To | | or nural n | oute rvumber, |
| within 24 hours after To the Funeral Dir completely filled in | edical C | 29e. Certifier (Check only one) 1 Certifying Phys 2 Medical Examir | sician: To the best of my knowner: On the basis of examinetiand menner steted. | vledge, deeth o | occurred et the timestigetion, in my of | ne, dete end place, pinlon, deeth occur | end due to the red et the time, | ceuse(s) end mer dete and place, e | nner es stete | d. e ceuse(s) |
| ompli | M | 29b. Signatura and title of certifiar | and menner stelled. | | 29c. License | number | | 29d. Date sloned | (Month. Day | . Year) |
| - 5 - 0 | | > lillin | Illemo | | D | 4751 | 8 | MAU | 17.19 | 92 |
| 111/ | 1 | 30. Neme and eddress of person who co | moleted cause of death (Item | 23a) (Type P | (rint) | 1 - 0 1 | 0 | | 1/// | 1 7 |
| 1) (Vo | A | GUL CHARSLAWI, | 11119 Roese | ville | Pirer | 4251 Roctevia | w, m | 0208 | 78. | |
| Sta | te | 31. Dete filed (Month, Day, Year) | 32. Registrer's Signet | ure | | • • | | | | |
| Registra | ar. | MAY 19 1997 | Jeli Studen | Part 11 | | | | | | |

DHMH 16 Rev 6/95

MAY 19 MET JOHN CALLS

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death JAMES KETTERMAN 3:54 PM 4e. Facility Neme (If not institution, give street and number 4b. City, Town, or Location of Deeth 4c. County of Deeth MONTGOMERY GENERAL HOSPITAL OLNEY MONTGOMERY COUNTY If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 6. Sex 1X M 2 ☐ F If Under 1 Year 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) Months Days Yrs. 59 SEPT. 5, 1937 WEST VIRGINIA Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits TY Yas 2□ No MONTGOMERY WHEATON 10f. Zip Code 10g. Citizen of What Country? 12021 BLUHILL ROAD UNITED STATES 20902 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give ¹ Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ▼ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry HEATING & Elementary/Secondery (0-12) College (1-4or 5+) TRADESMAN AIR CONDITIONING 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) GLENN SIMMONS JESSE KETTERMAN 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) TODD KETTERMAN, SON 365 POTOMAC DRIVE, BASKING RIDGE, NJ 07920 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a, Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State FORT LINCOLN CREMATORY 5/20/97 4 Donation 5 Other (Specify) BRENTWOOD, MARYLAND 21. Signature of Funeral Service License 22. Name end Address of Facility FORT LINCOLN FUNERAL HOME 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. 3401 BLADENSBURG RD., BRENTWOOD, MD @)&@@ Approximete Interval Between Onset and Deeth SEPSIS PNEUMONI Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 Probably 4 Unknown

Physician /Medical **Examiner** Physician/Medical Examiner

nding physician and use as the bunal-transit

for L

þ

Completed

Be

Certification: To

Medical

The law requires thet the deeth certificete be executed

Records, P.O. Box 68760.

Vital

Division of

or Attending Physician:

Hospital

this

After t

the f

filled in by

24 hours after death.

Vithin 2

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or itsms 23s or 28s-f show the Medical Examiner must be notified at

23a

or itsms.

filed within 72 hours after Hygiene. other than "natural", or its

permit. Peges 1 and 2 should be filled a Depertment of Health end Mental Hygie Important: If item 27 is marked other it any Injury or other traumatic svent, #

Baltimore, Maryland 21215-0020

Director

by

Completed

Be

5. Social Security Number

214-34-6857

MARYLAND

11. Marital Status

10e, Street and Number

12

10a, State

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

Immediate Cause (Final

disease or condition resulting in death)

STAGE CHRONIC OBSTRUCTIVE

PULMONARY DISEASE

24e. Wes an autopsy

26. Place of Deeth (Check only one)

24b. Were autopsy findings evailable prior to completion of cause of death?

2) No 1 Yes

1 Yes 2 No

| 25. | Was cese examiner? | referred | to medicel | |
|-----|--------------------|----------|------------|--|
| | 1 🗌 Yes | | | |
| 27. | Menner of | Death | | |

5 Pending investigation

6 Could not be determined

28a. Date of Injury (Month, Dey Year)

1) inpatient 2 ER/Outpetient 3 DOA 28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rurel Route Number, City or Town, Stete)

29a. Certifie (Check only one)

1 Neturel

2 Accident

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifie

29c. License number 29d. Date signed (Month, Dey, Year)

Hueda H Chau M. D. D 43323 May 13, 1997

30. Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print) ABEDA A. KHAN, M.D.

18 111 PRINCE PHILIP DRIVE, SUITE 212, OLNEY MD 20832

31. Date filed (Month, Dey, Year)

32. Register's Signature

State Registrar

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

16507

| Physic /Medi | | | ЕРН К | ARITA | AS | Cei | inicati | e oi | Dealli | M | 2. Data of Dea Month | Day -1997 | Yaar | 3. Time of Death 10:15PM |
|---|--------------------|--|--|---|-------------------------|--|------------------------------------|-------------------|------------------------------------|----------------------|----------------------------------|---------------------------------|-----------------------|--|
| Exami | ner | 4a. Fecility Nema (If not institut Villa Rosa Nur | | | | | | | 4b. City, Town | | | Princ | ty of Death Ce Geo | orges |
| Funeral Director | | 5. Social Sacurity Number 156–18–5864 | 6. Sax 126 M 2 | | e (In yrs. las | st birthday) Yrs. | If Under Months | 1 Yeer Days | | | B. Data of Birth June 8 | 1927 | Cou | place (Stata or Foraig ntry) Jersey |
| the Meryland 28s-f show | tor | Usual Rasidance of Dacedant 10a. Stata Maryland 10b. Coun Prin | ce Georg | ges | 10c. City, Lanh | Town or Local | ation | | | | | | | 10d. Inside City Limit: |
| th with the 23a or 28a | Funeral Director | 10e. Street end Numbar 5623 Westgate | Road | | | J. | 10f. Zip 207 | Coda 706 | | | | 10g. Citizan of U.S. | Whet Cou | intry? |
| iteme iteme | by | 11. Marital Status 1 Navar Marriad 2 M Ma 3 Widowed 4 Divorce | Armied 150 | s Dacedant I led Forcas? Yes 2 Nes, Giva or Oatas: | | 13. W | /es Deced Yas, spec | | Hispanic Origin ban, Maxican, F | n? (Spec Puarto R | ify Yas or No- ican, atc.) | 14. Re Bli Speci | ack, Whita | |
| 15-002 72 hours "natural", | Completed | 15. Deceda (Spacify only high | ant's Education last grade compl | latad) | | 16a. Deced | ant's Usua and of wor | l Occu | ipation a during most of ed) | f working | 9 | 16b. Kind of I | Businass/ir | Agriculture |
| within within than than | ompi | Elamantary/Secondary (0-12 | T | aga (1-4or 5 | i+) | Food D | o <i>not</i> us I stri b | ia ratin | Research | h Spe | | U.S. 12 | oc. or | 1192100200 |
| aryland should be filed and Mental Hygin marked other umatic event, I | To Be C | 17. Fathar's Nama (First, Middle Joseph James R | aritas | | | | | | | | | Maiden Suma avit t | ime) | |
| end 2 should be a still end No 27 is mer traumer | | 19a. Informant's Name/Ralation Joseph T. Kari | | ot) | | 19b. Mailin 5623 | Addrass West | (Stree | Road, | or Rural Lan | Routa Numbe | D 207 | o Stata, Zi | p Coda) |
| Baltimore, Maryland 21215-0020 pernit. Peges 1 and 2 should be filed within 72 hours ef Deportment of Health end Mental Hygiene. Important: If from 27 is marked other than "natural", or important: If then 27 is marked other than "natural", or any follory or other traumatic event, the Medical Examples. | | 20e. Mathod of Disposition 10 Burial 2 Cramation 4 Donation 5 Other | n 3 □Ramoval (Spacify) | from Stata | 20b. Pla can Mary | ce of Dispos natary, cram Land Vel | atory or of | Cent | _ | 1 7 | Data y 22, | 20c. Location Chelte | enham | , MD |
| Balti permit. Depertir importa any inju | | 21. Signature of Funaray Sarvio | A | . 0 | 2 | 8 | Nama and | d Addr | ess of Facility | FUN | VERAL, + | fone | M | 20706 Approximata |
| ox 68760, n certificate be executed was anding physician and use es the bunel-transit | n/Medical Examiner | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants resulting in death) Last | a | | Dua to (or a | as a consequence | nance of): | | | | | | | Few mont |
| P.O. Bo | by Physician | Part II. Other significant condi | tiona contributing | to death bu | ut not rasulti | ing In the un | darlying ca | ausa g | ivan in Pert I. | | 23b. Did to | obacco usa c | | to the cause of death |
| Records e law requires hes been sign ge 2 should be | Completed b | old Cere | brow | Th | Ja | nc | - | | | _ | 24a. Was a perfor | | 6, | Vara autopsy findings vallabla prior to omplation of causa daath? |
| Vital Rec stclen: The law certificete hes t lirector, page 2 s | Be Co | 25. Was casa rafarrad to medic | al | | 0 | | | | 26 Place of | Death | 1 🗆 Y | as 25 No | 1 | ☐ Yas 2☐ No |
| on of ling Phy After this funeral o | 2 | axaminar? 1 Yas 2 No 27. Mangar of Daath 1 Natural 5 Panc 2 Accident invas | Hospital: 28a, ling tigation | 1 ☐ Inpatien Data of Injur (Month, Day | y 2 | R/Outpatient 8b. Time of Injury | | Bc. Inju | har: 4 Nursi | ing Hom | a 5 Resid | ence 6 🗆 O | | ify) |
| Divisite the control of the control | Certification: | 3 Suicide 6 Couli 4 Homicida | minad 20a. | Place of Inju building, etc | | a, farm, stra | at, fectory | , office | | 28 | Bf. Location (S City or Tow | | nber or Rui | rai Routa Number, |
| To the Hospital within 24 hours a To the Funeral I completely filled | edicai | 29a. Cartifiar (Check only one) Certify Medica | ing Physician: T Il Examiner: On and | o the bast o the basis of I manner sta | axamination | adga, daath n and/or invi | occurred a astigation, | at tha t In my | ima, data and p opinion, daath | olace, an | d dua to tha d at tha tima, d | ausa(s) and n data and place | nannar as a | stated. to the causa(s) |
| To t To t com | 2 | 29b. Signature and titla of certif | usho | Mon | 101. | MI) | 290 | | sa numbar | 8 | 2 | 29d. Data sign | 8 /C | Day, Year) |
| (10) | | 30. Nama and addrass of perso | n who complated | causa of da | aath (Itam 2 1430 | 3a) (Type, F | rint) | W; | T FOX | _ | NBO | WIE | MD | 20715 |

DHMH 16 Rev 6/95

State Registrar

| Physicia | n | 1. Decedent's Neme (First, Middle, La. | | Certific | L>: | | 2. Dete of De Month | Dey Y | 3. Time of Deeth |
|--|--------------|--|---|---|---|--------------------------------------|---|--|--|
| /Medica Examine | al | JON 4e. Fecility Neme (If not institution, give 1027 Butterworth | street end number) | M | | b. City, Town, or Upper Ma | MAY Location of Deet | h 4c. County of | Deeth |
| Funeral Director | | 5. Social Security Number 577–98–9447 6. S | | birthday) If Ur Yrs. Mont | nder 1 Year | If Under 24 Hr Hours Mir | s. 8. Date of Bi | rth c | Georges Birthplece (State or Fore Country) Korea |
| s or 28a-l show be notified at | tor | Usuel Residence of Decedent 10e. Stete 10b. County Maryland Prince | Georges 10c. City, To | own or Location Marlbo | oro | | | | 10d. tnslde City Ltm 1 🗹 Yes 2 🗆 |
| 23s or 25s-f sho at be notified a | al Director | 10e. Street end Number 1027 Butterworth | Lane | 10f. | Zip Code | 4 | | 10g. Citizen of Who Korea | et Country? |
| SXB. | by Funeral | 11. Marital Stetus 1 ☐ Never Merried 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced | 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑No If Yes, Give Yeer or Dates: | | | | Specify Yes or No rto Rican, etc.) | 5- 14. Rece - Bieck, Specify: | American Indien, White, etc. |
| than " | Completed | 15. Decedent's Ed (Specify only highest gre Elementary/Secondary (0-12) | ucation 16 de completed) College (1-4or 5+) | Se. Decedent's U (Give kind of life, DO NO HOMEN | Jsuel Occupe I work done d IT use retired, Naker | etion furing most of wo | orking | 16b. Kind of Busin | ness/Industry |
| ked officewer | To Be C | 17. Fether's Neme (First, Middle, Last) Choi Dong Kil | | | | | soo Bo | k, <i>Maiden Sum</i> eme) | |
| nani of Health and nt: If Rem 27 is n ry or other traum | | 19e. Informent's Neme/Retetionship (1/2/John W. Kim — 20e. Method of Disposition 1 Mauriel 2 Cremetion 3 Department of Specify 1/5 Other (Specify | Spouse 10 | | erwort | th La., | | rlboro, MD 20c. Location - Ci | 20774 |
| Departm Importa any inju | | 21. Signeture of Funerey Service Licer | | 22. Name Rendo | end Addres | s of Fecility e Funera | | | 0706 |
| hysician and street an | II Examiner | Immediete Ceuse (Finet disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury | b. CEREBRAL ART | e consequence CERIOSCI e consequence | of): _EROSIS of): | 5. | | HERE | Onset end Deeth HOURS YEARS |
| FD 40 | | that initiated events resulting In deeth) Lest | Due to (or es of DIABETES MEI | consequence | of): | | | | YEARS. |
| d by the | Ē | Pert II. Other significant conditions co | ntributing to death but not resulting | in the underlying | ng cause give | en in Pert i. | | | buta to the cause of dea |
| has been s ga 2 should | Completed by | | | | | | | | 24b. Were autopsy finding aveileble prior to completion of cause of death? |
| cartific | 0 | 25. Wes case referred to medical examiner? | Hospitei: | | Othe | · (*) | eth (Check only | | |
| thar th | | 27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigation | 1 Inpatient 2 I EH/0 | Outpetient 3L Time of Injury | 28c. fnjury Work | 4 Li Nursing | | dence 8 Other (how injury occurred | (Specify) |
| al Direction by | | 3 Suicide 6 Could not be determined | 28e. Plece of Injury - At home, building, etc. (Specify) | | | | City or To | wn, Stete) | or Rural Route Number, |
| n 24 hou he Funer plataly fil | 200 | 29e. Certifier (Check only one) 1 Certifying Phyone 2 Medical Exam | sician: To the best of my knowled iner: On the besis of examinetion e end menner stated. | ge, deeth occurr end/or tnve <i>s</i> tiget | red et the time tion, in my op | e, date end plec tnion, deeth occ | e, end due to the urred et the time, | ceuse(s) end menn date end piece, end | er es steted. I due to the cause(s) |
| 들 들 일 등 | - | 29b. Signeture end title of certifier | | | 29c. License | number | | 29d. Dete signed (/ | Month, Dey, Year) |
| 1 0 0 T | - 1 | | | | | | | | |

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Daath 3. Tima of Death Month **Physician** Kelley May 11 1997 3:35 P.M. /Medicai 4e. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 722 Hammond St. Salisbury Wicomico 5. Sociel Security Number If Under 1 Yaar 8. Data of Birth (Month, Day, Year) Feb. 10, 1921 6. Sex 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1 M 2□ F Months Days Hours Min. 76 Yrs. Director 225-18-7926 Virginia Usual Rasidance of Dacedant permit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Health and Mentel Hyglene. Important: If term 27 is a restred other than "naturel", or items 23a or 28a-f show any injury or other traumstic event, its Medical Exertine main to notified at 10a, Stata 10b. County 10c. City. Town or Location 10d. tnsida City Limits 1 Vas 2 No Director Wicomico Salisbury 10e. Street and Number 10g. Citizan of What Country? 10f. Zlp Coda 722 Hammond St. Funeral 21804 U.S.A. 12. Was Dacedant Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Stetus Raca - Amarican Indian, Black, Whita, etc. 1 ☐ Yas 2 ☑ No if Yas, Giva 1 ☐ Nevar Marriad 2 ☐ Marriad Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: by Specify: 3 Widowed 4 □ Divorced White Yaar or Datas: Be Completed Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) Laborer Construction 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surneme) 2 Elmer Stella **Kelley** Bu 11 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Addrass (Street and Number or Rurel Routa Number, City or Town, Steta, Zip Coda) M. Maxine Hickman - daughter 722 Hammond St. Salisbury, MD 21804 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta Data 1 Burlal 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Other (Specify) Downing Cemetery 5-14-97 Oak Hall, VA. 21. Signatura of Funaral Sarviça Licansea 22. Nama and Addrass of Facility 705 E. Main St. CFSP Tryages Bounds Funeral Home 23e. Pert1. Entar the disaasa, or complications that causad the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Salisbury, MD 21804 Approximeta Intarval Batween Onsat end Death Physiclan /Medical Immediata Causa (Final 10 years disaasa or condition rasulting in death) Examiner Dua to (or as e consaquanca of): Physiclan/Medical Examiner The law requires that the death certificate be executed detached for use as the buriel-trensit Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Cause (Diseesa or injury that initiated events rasulting in daath) Last Dua to (or as a consequence of): Records, P.O. Box 68760, physician Dua to (or as e consequanca of): Part ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Tes 2 No 3 Probably 4 Unknown congestive heart þ pege 2 should be 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy complation of causa of deeth? certificate hes 1 ☐ Yes 2 No 1 ☐ Yas 2 ☐ No Division of Vital or Attanding Physician: director, Certification: To Be 25. Was casa refarred to madical axaminer? 26. Piaca of Daath (Check only ona) Othar: 4 Nursing Homa 5 Residence 8 Othar (Specify) 1□ Yes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA this the funeral 27. Manner of Daath 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? After 1 Natural 5 Pending investigation 24 hours efter death.

Funeral Director: A 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 ☐ Suicida 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Route Number, City or Town, Stata) 3 4 Homicide filled in Hospital Cartifying Physician: To the best of my knowledge, daath occurred at tha tima, data and plece, end dua to tha causa(s) and menner es stated.

2 Medical Examtner: On the basis of examination end/or invastigetion, in my opinion, death occurred at the tima, dete end plece, and dua to tha cause(s) mannar stated. Medical To the Hosp within 24 hor To the Fune completely fi (Check only one) 29b. Signature and title (9 certifier 29c. License number 29d. Date signed (Month, Day, Year) E280E

100 Power Street Salisbury MD

State Registrar har 185

30. Name and addrass of person who completed cause of death (Itam 23a) (Type, Print)

1/V1a

12 John M. 19

| huololo | 1. Decedent's Name (First, Mid | | | | | | | 2. Dete of Deat , Month | h Day | Vear | 3. Time of Deeth |
|---------------------|---|---|-------------------------|----------------------------------|---|-------------------------------|----------------------------|---|--------------------------------|---------------------------------|---|
| hysiciar /Medica | noward | Whealton | | edy | | 1 | | may | 18 19 | 797 | 1015 |
| Examine | | | | | | | | cation of Death | 4c. Count | | |
| | PENINSULA REG | IONAL MEDI | 7. Age (In yrs. | | If Under 1 Ye | | LISBU | | | COMICO | |
| eral tor | 5. Social Security Number 220-09-1545 202-96-6901 | 1 X XM 2□ F | 82 | Yrs. | Months Day | | Min. | 8. Date of Birth (Month, Dey, March 5 | ,1915 | Penns | ce (Stete or Foreign y) sylvania |
| | Usual Residenca of Decedent 10e. Stete 10b. Coun | tv | 10c. Ci | ty, Town or Lo | ncation | | | | | 100 | 1. Inside City Limits |
| 2 | | | | | teague | | | | | 100 | XX Yes 2□No |
| Director | 10e. Street end Number | | | | 10f. Zip Code |) | | 10 | Og. Citizen of | Whet Country | y? |
| 72 | 7070 Bunting | Road | | | 233 | | | | | US | |
| Finneral | 11. Marital Status | Armed Fo | dent Ever in L rces? | J,S. 13. | Was Decedent of If Yes, specify C | f Hispenic Or uben, Mexica | ngin? (Spe in, Puerto F | cify Yes or No- Rican, etc.) | | ca - American ck, White, etc | |
| | 3 Widowed 4 □ Divorce | | 9 | | 1□Yes 2ሺN | lo Specify | * | | Specif | y: Whit | :e |
| Completed | 15. Decade | ent's Education lest grede completed) | | 16e. Dece | dent's Usual Occ kind of work do DO NOT use ref | cupation | et of umekir | | 16b. Kind of B | usiness/indu | stry |
| - Cum | Elementery/Secondary (0-12) | | -4or 5+) | | | | | ,9 | A | D - J | |
| | | e, Last) | | Dody | & Fend | | | (First, Middle, N | Auto Meiden Sumer | | |
| To Be | Howard M. Kenn | edy | | | | | | | | | |
| | 19a. Informent's Name/Relation | | | | ng Address (Stre | | | | | | |
| | Kitten K. Hic | kman Daug | | | se Hill | | Cambr | | | | |
| | 1XXBurial 2 Cremation | | State Gr | cemetery, crei | esition (Neme of metory or other p od Cemet | erv | 5. | | hincot | - | Virginia |
| | 4 Donation 5 Other (| | | | 2. Name and Add | | | 21/ 5/ 0 | mineot | cague, | vii ginia |
| | 1 Www. | lmes | | | Th | 17 | 1 II | ne, P.A. | | | |
| | 23a. Party. Enter the disease, shook, or heart fallure. Lie | or complications that cast only one cause on ea | aused the deat | th. Do not ent | er the mode of d | ust_St lying, such es | reet cardiac or | Cambrid respiretory erre | ge, Ma | ryland | L_21613 pproximete nterval Between |
| | | | | | | | | | | | moet and Death |
| | Immediete Cause (Final disease or condition resulting in deeth) | e. 501 | MACI | 42011 | HERON. quence of): A | 111766 | | | | | 100 |
| ne | | MNU | BANLS | CS15Q1 | quence of): | sinc. | 5~ | | | į | |
| Examiner | Sequentially list conditions, | b/ | | or es e consec | | | | | | | |
| calE | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events | c | | | | | | | | | |
| | regulting in death) Last | | Due to (c | r as e conseq | uence of): | | | | | | |
| Physician/Med | | d | | | | | | | | | |
| Vsic | Part II. Other significant condit | ions contributing to de | ath but not res | ulting In the u | nderlying cause | given In Part | 1. | 23b. Did tol | Decco uee co | ntribute to th | ne cause of death? |
| / Ph | Aterioschen | Tie Cardis | vuscul | a disa | eve | | | 1 □ Ye | 2 7No | 3 Probal | bly 4 Unknown |
| ed by | | | | | | | | 24e. Was er | eutopsy | 24b. Were | eutopsy findings |
| plet | | | | | | | | perform | 1907 | comp of de | able prior to pletion of cause eth? |
| Completed | | | | | | | | 1□ Ye | s 20 No | 101 | res 2□ No |
| Be | 25. Wes case referred to medic examiner? | Mossital | | | | | e of Death | (Check only one | , | | |
| : To | 1 Yes 2 No | 1 1 1 1 1 1 1 1 1 1 1 1 | - | ER/Outpetien 28b. Time of | I SLI DOA | | | e 5 Reside | | | |
| atlor | 1 Pendi 2 Accident invest | ing 28a. Dete o (Month ligation | n, Dey Year) | Injury | 28c. In W | ork? Yes 2 | | od. Doddriod 110 | w what y cocci | 100 | |
| Certification: | 3 Suicide 6 Could 4 Homicide deter | mined 200. Placa | of Injury - At he | ome, farm, str | eet, factory, offic | a | 2 | 8f. Location (Str. City or Town, | eet end Numl | per or Rurel R | Route Number, |
| Cer | | | | | | | | | | | |
| edicai | 29a. Certifier (Check only one) (Check only one) (Check only one) | ng Phyelcien: To the to Examiner: On the basend mann | sis of examine | wledge, deeth tion end/or Inv | occurred et the restigetion, in my | time, dete en opinion, des | nd placa, e | nd due to the ce d et the time, da | use(s) end me te end piece, | enner as state and due to th | ed. e cause(s) |
| Me | 29b. Signeture and title of certific | ond mann | o, stolet. | | | nse number | | | d. Dete signe | | |
| | > Elin 0 | V. See | us p | 117 | 02 | 8587 | | | 5/19/ | 43 | |
| | | , , | - | | | | | | -1 | | |
| | 30. Neme end address of person | who completed cause | of deeth (Item | 1 23e) (Type, | Print) | | | | | | |

DHMH 16 Rev 6/95

| 1) | | | | State o | f Maryla | | artment of rtificate o | | | lental H | ygiene Reg. No. | 21 | -1 | 651 | 1 |
|------------|--|---|--|--------------------------------|---------------------|--------------------------|---|---------------------------------------|------------------------|-------------------------------------|------------------------|--------------------------------------|--------------------------|--|--------|
| | Physic | | Decedent's Name (First, Middle, William | James | | | Kelly | Sr. | | 2. Date of D Month May | | | | 3. Tima of D | |
| | /Medi Examii | | 4e. Fecility Neme (If not Institution, g | | | | T/CTTÀ | | wn, or Lo | cation of De | | County of E | | 7,40 | 1 .1 |
| | | | 111 Plumtree Rd | | | | | Bel A | ir | | H | arford | E | | |
| | Funeral Director | | 5. Social Security Number 6 031–03–6455 | Sex 1 1 M 2 □ F | 7. Age (In yrs | : last birthday) Yrs. | If Under 1 Yes | | Min. | 8. Date of E (Month, I May 14 | | | | ce (Stete or i | |
| | D | | Usual Residence of Decedent | | | | | | | | | | | | |
| | h the Marylan r 28a-f show Lhouring at | tor | Maryland Harfor | rd | | ity, Town or Lo | cation | | | | | | 100 | d. Inside City 1 ☐ Yas 2 | |
| | or 28 | ř | 10e. Street and Number | | | | 10f. Zip Code | | | | 10g. Citl | zen of Whe | t Countr | y? | - |
| | 23a or | 0 | 111 Plumtree Ro | ٦ | | | 21015 | 5 | | | Imit | ed Sta | toc | | |
| 5-0020 | or items | by Funeral Director | 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. Was Dece Armed Fo | rces? 2 No e | | Was Decedent of Yes, specify Co | f Hispanic On uben, Mexicer | gin? (Spa n, Puerto | ecify Yes or N Rican, etc.) | | 14. Race - A Black, V Specify: | America | n Indian, c. | |
| ō | natural', | | 15. Decedent's | Education | ***** | 16a. Deced | dent's Usual Occ | upation | | | 16b. KI | nd of Busine | ess/Indu | strv | |
| 21215 | | Mental Hygiene. arked other than atic event, to we To Be Compl | (Specify only highest of Elamantary/Secondary (0-12) | grade completed) College (1 | -4or 5+) | (Give | kind of work dor DO NOT usa rati | e durina mos | t of work | ing | | | | | |
| | Agier t | | | 4 | | Pho | tographe | | | | | Gove | rnme | ent | |
| nd | d off | | 17. Fathar's Name (First, Middla, La | | | | | 18. Mothe | r's Name | (First, Midd | la, Maidan | Sumama) | | | |
| Va Na | Meni | 10 | Patrick James | Kelly | | | | Jenn | ie | (nmn) | Darr | agh | | | |
| , Maryland | 1 and 2 sho Health and Im 27 is me ther traum | | 19a. Informent's Name/Relationship Loretta J. Kell | | | | ng Address <i>(Stre</i> lumtree | | | | | | re, <i>Zip C</i> 2101 | | |
| Baltimore | A 70 mm | | 20a. Method of Disposition 1 Burial 2 Cremetion 3 4 Donation 5 Other (Special Control of Control o | | State | | sition (Nama of natory or other p Memoria | | ens 5 | Date /17/97 | | cation - City | | | |
| Balt | permit. Page Department of important: if any Injury or once. | | 21. Signature of Fineral Solvica Lic | Mug | le | HO 50 | Name and Add Ward K. West B | lress of Fecilit McComa roadway | as II 7 Sti | II Fun | eral Bel A | Home, | P.A | ١. | 1014 |
| F | hysician | | 23a. Parth. Enter the disease, or co shock, or heart failura. List on | | A | ath. Do not ente | er tha mode of d | ying, such as | cardiac o | or respiratory | arrest, | | 1 | Approximate nterval Betwee Onset and De | een |
| 1 | /Medicai Examiner | | Immediate Cause (Final disaasa or condition rasulting in daath) | a | JSC4 Dua to | LMM (or as a conseq | c Car | odio | mi | ona | thy | | C | 2 gr | S. |
| ,0, | ate be executed hysiclan and the bunal-transit | Examiner | Sequentially list conditions, if any, leading to Immediata causa. Enter Underlying Cause, (Disease or Injury | b | Due to (| or as a conseq | uenca of): | | | | | | | | |
| Box 68760, | death certificate be executed e attending physician and id for use as the burial-transit | in/Medical | that initiated events resulting in death) Last | d | Due to (| or as e consequ | uenca of): | | | | | | | | |
| , P.O | that the led by the detache | y Physician/M | Part II. Other significant conditions | contributing to da | ath but not re | sulting In the ur | nderlying cause | given in Pert I | | | d tobacco | | oute to t | the cause of | death? |
| ec | aw requir s been s 2 should | Completed by | | | | | | | | 24a. Wa | as an autop formed? | osy 2 | com | e autopsy fin lable prior to pletion of ceu aath? | |
| = ' | page 1 | Co | | | | | | | | 10 | Yes 2 | No | 1 🗆 | Yes 20 N | 0 |
| Vital | s certificate | o Be | 25. Was case referred to medical examiner? 1 Yes 2 No | Hospital: | npatient 2F | TER/Outpatien | t 3[] DOA | Whon | | (Chack only | | 6 DOther (| Speciful | | |

To the Hospital or Attending Physici within 24 hours after death.

To the Funeral Director: After this cer completely filled in by the funeral director. Division of V

6 Could not be datermined 3 Sulcide 28f. Location (Street end Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 - Homicide 29a. Certifier Certifying Physician: To the best of my knowledga, death occurred at the time, date and placa, and due to the causa(s) and mannar as stated.

Medicat Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. (Check only one)

28b. Time of Injury

29b, Signature ar

27. Manger of Death 1 Natural

2 Accident

29c. License number 29d. Dete signed (Month, Day, Year)

1 ☐ Yes 2 ☐ No

Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA | Other: 4 | Nursing Home 5 | Residence 6 | Other (Specify)

28c. Injury at Work?

Attending

5 Panding Investigation

D. 16444 May-14th 1997

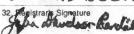
28d. Dascribe how Injury occurred

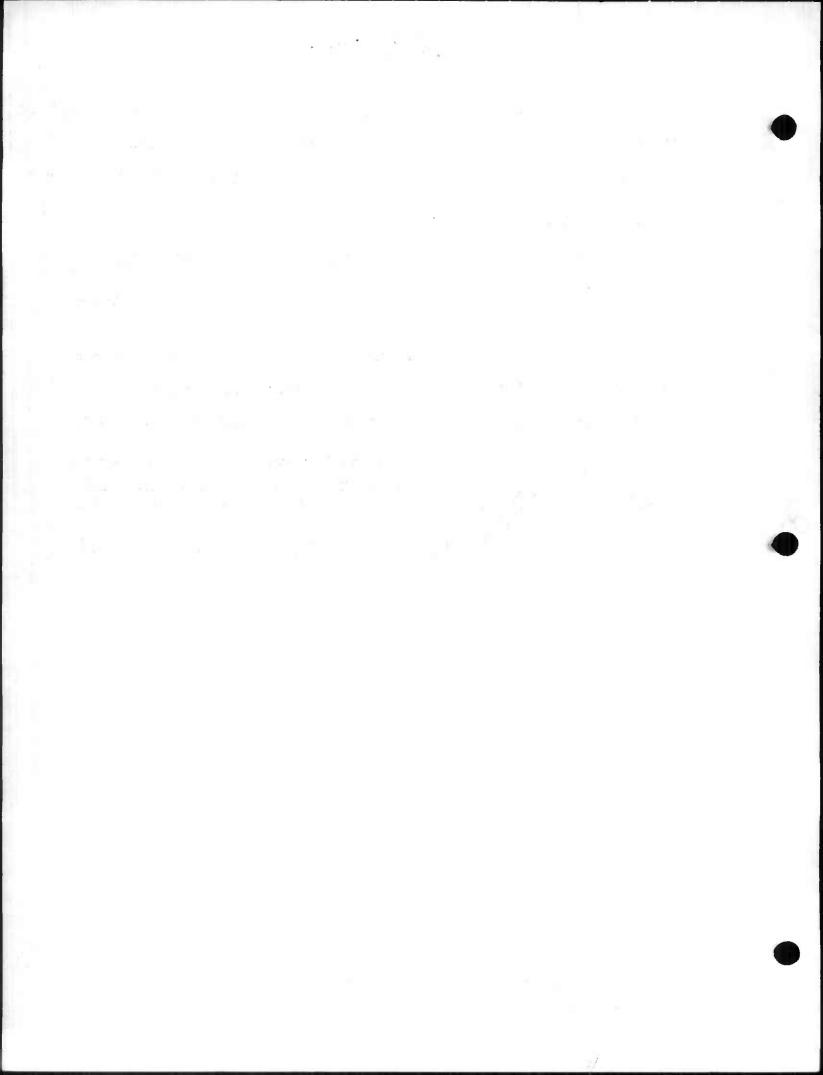
28a. Date of Injury (Month, Day Yaar)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
VIJAY. S. NAIR M.D. 2112 BELAIR ROAD: FALLSTON. MD 21047.

State Registrar

Medical Certification: To





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Date of Daath 3. Tima of Deeth Month 19 Lax May 1997 John Richard Keckler 1325 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Washington County Hospital Washington Hagerstown 5. Social Security Number If Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country) 7. Aga (In yrs. last birthday) 1⊠M 2□F Yrs. 214-09-4573 Pennsylvania Usuel Residence of Dacedant 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No faryland Washington Hagerstown 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 18333 College Road 21742 USA 14. Race - American Indien, Bleck, Whita, atc. 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☑ Yes 2 ☐ No If Yes, Giva Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 Navar Married 2 Married 1 ☐ Yas 2 ☑ No Specify: 3 ₩idowed 4 Divorced Yaar or Datas: WW 2 White 15. Decadant's Education 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry (Spacify only highast grada complated) Elementery/Secondary (0-12) Collega (1-4or 5+) Prison System Guard 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) Edna Grace Crider Alexander Keckler John 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 27 E. Irvin Avenue Hagerstown, Maryland 21742 Jo Ellen Knight 20b. Place of Disposition (Nama of cematery, crametory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burlal 2 □ Cramation 3 □ Ramoval from Stata 5/22/97 Williamsport, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) Greenlawn Memorial Park 21. Signature of Funaral Servica Licensa Gerald N. Minnich 305 N. Potomac Street 21740 Funeral Home Hagerstown, Maryland 23a. Part1. Enter the disease, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Betwaen Onsat and Death Immediata Causa (Final 10-15 munile disaasa or condition rasulting in daath) 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown Meamour 1 Yes 2 No Abdonial artie 24b. Wara autopsy findings available prior to 24e. Was an eutopsy completion of cause of deeth?

Physician /Medical Examiner

signed by the a

After this cartificate has been

I or Attending after death. I Director: Aft

To the Hospital within 24 hours a To the Funeral Complataly filled Hospital

ð

Be

2

Certification:

Medical

permit. Page Department of Important: If any Injury or once.

Physician

/Medical

Examiner

Funeral

Director

r 28a-f show

Director

Funeral

þ

Completed

Be

filed within 72 hours after death with the Maryland

Baltimore, Maryland 21215-0020

Box 68760,

Division of Vital Records,

Richar

Pages 1 and 2 should be filed within 72 hours aftar death with in nant of Haalth and Mental Hygiena.
ant: If Item 27 Is marked other than "natural", or items 23a or: ury or other traumatic event, tra Mexical Exercites must be 1

Examiner physician and the bunal-transit Sequantially list conditions, if any, laading to immadiata cause. Enter Undarlying Causa (Disaasa or Injury that initiated events rasulting in death) Last Physician/Medicai

Part II. Other significant conditions contributing to death but not rasulting in the undarlying causa given in Part I. recla 1 ☐ Yas 2 No 1 Yas 2 No 25. Was casa rafarred to madical axaminar? 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 1 Enpatient 2 ER/Outpatient 3 DOA 27. Mannar of Death Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 1 Natural 5 Panding investigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be detarmined 3 Suicide 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Cartifying Physician: To the best of my knowledge, daath occurred et the time, dete and place, and dua to tha causa(s) and mannar as stated.
2 Medical Examinar: On the bests of axamination end/or investigetion, in my opinion, daath occurred at the tima, dete and place, end due to the cause(s) and manner statad. 29a. Certifier

State

29c. Licansa number

29d. Data signed (Month, Dey, Yaer)

30. Name end addrass of person who completed cause of death (Itam 23a) (Type, Print)

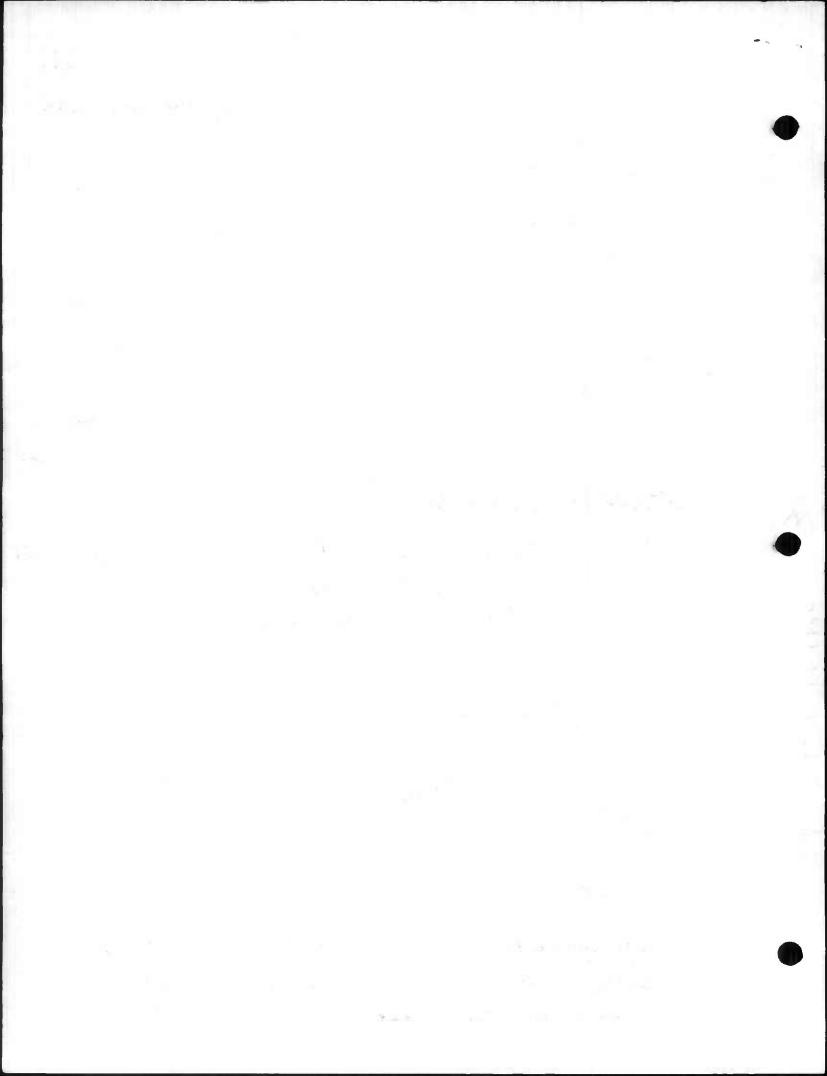
350 mill St. Hag. md PANOSCO L. ANDRAPE 31. Data filed (Month, Day, Year)

29b. Signatura and titla of certifian

32. Registrar's Signatura Achi Awdrer

DHMH 16 Ray 6/95

Registrar



Amed # 190 Wash Co. & B May 20, 1997
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Dey Huber Kendal 9:45an May 18 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deth 4c. County of Deeth Nursing Washington

9. Birthplace (State or Foreign
Country)
1901 Smithsburg, Md. 7. Age (in yrs. lest birthday) Villa Hagers own acton 5. Social Security Number If Under 1 Yeer 8. Dete of Birth 1,X M 2□ F Months Deys Hours 21410-5151 Yrs. Usuai Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 XYes 2 □ No ranklin ra24 nes boro 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 24 249 7268 USA road 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 29 No If Yes, Give Yeer or Dates: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 Never Married 2 Married Specify: W 1 ☐ Yes 2 X No Specify: 3 Widowed 4 □ Divorced hite 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) toreman 0 owel 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Abraham da loms 19e. Informent's Name/Relationship (Type, Print)
Donald E 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ave 224 lackson endal tagerstown Md 21740 foraham I 20b. Place of Disposition (Name of cemetery, cremetery or other place 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ⊠ Buriei 2 ☐ Cremetion 3 Removel from State 5/21 Waynesboro 4 ☐ Donetion 5 ☐ Other (Specify) Hill Cemetery 21. Signature of Funerei Service Licenses 22. Neme end Address of Fedity er1 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, not, or heart failure. List only one cause on each line. Waynesboro 17268 Approximete tntervel Between Onset end Deeth Immediete Ceuse (Finel ATHERD SCLEROTIC CARDIOVASCULAR DISEASE disease or condition resulting in deeth) 14 BAN RENAL 7AILURE 14GAR Sequentielly list conditions, if eny, leeding to Immediete ceuse. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting In deeth) Lest Due to (or es e consequence of): X Due to (or es e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown none 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? 2 No 1 ☐ Yes 2 ☑ No 25. Wes case referred to medicel 26. Place of Deeth (Check only one) Hospital; 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? NIA 1 Neturei 5 Pending investigation Injury 1 ☐ Yes 2 ☐ No NIA NUA 2 Accident NIA 6 Could not be 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide Lertifying Phyalcian: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.

| Certifying Phyalcian: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner stated. 29a. Certifier (Check only one)

Box 68760 P.O. Records. Division of Vital

siclen and buriel-transit The law requires that the deeth certificate be executed inding physiclen use as the burie signed by director, page 2 should or Attending Physicien: the funeral After ! within 24 hours efter death.

To the Funeral Director: A completely filled in by the formal completely filled in the formal completely fille Hospital the

Physician

Examiner

Funerai

Director

28a-f show

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or Nems 23a

natural',

Hygiene.

permit. Pages 1 and 2 should be filed wit Department of Health end Mental Hygiene Important: If Itam 27 is marked other the eny Injury or other traumatic event, traumatic event, traumatic event, traumatic event, traumatic

Physician /Medicai

Examiner

Physician/Medical Examiner

þ

Completed

Certification: To Be

Medicai

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified at

Director

Funeral

by

Completed

Be

/Medical

29b. Signeture end title of certifier

29c. License number

29d. Date signed (Month, Day, Year)

D 28365

30. Name and address of person who completed cluse of death (Item 23e) (Type, Print)

19 AW 2 AR J S HAF 1 368 19 1 L L STREET HAGERSTOWN

31. Dete filed (Month, Dev. Year)

State Registrar

MAY 2 01997



THE THE STATE OF THE

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth Month 17 1997 Koestner May 4b. City, Town, or Location of Deeth 4c. County of Deeth Hagerstown Washington If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 7. Age (In vrs. last birthday) If Under 1 Year Birthplece (State or Foreign Country) 1 M 2 XF Months Deys 63 August 29,1933 New Jersey 10c. City. Town or Location 10d. Inside City Limits 1 ¥Yes 2 □ No

White

21795

Approximete Intervel Between Onset and Deeth

months

Physician Constance Meta /Medical 4e. Fecility Name (If not institution, give street end number) **Examiner** 20200 Kelly's Lane 5. Sociel Security Number Funeral Director 152-24-5938 Usuel Residence of Decedent 10a. State 28a-f show the Medical Examiner must be notified at Director Maryland Washington Hagerstown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò terms 23a Funeral 20200 Kelly's Lane 21742 USA 11 Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. hours after 1 ☐ Never Married 2 ☑ Married ☐ Yes 2 No Yes, Give ö Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: py Specify. 3 □ Widowed 4 □ Divorced Yeer or Dates: Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b Kind of Rusiness/Industry be filed within 72 Hygiens. other than Elementary/Secondary (0-12) College (1-4or 5+) 12 Owner/Operator Catering 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be If Health and Mental Item 27 is marked o 10 Alfred Aslet Lydia Pages 1 and 2 should Phillips 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Reletionship (Type, Print) Charles C. Koestner/Husband 20200 Kelly's Lane Hagerstown, MD 21742 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete permit. Pages Department of I Important: If the any injury or of once. 1 ☐ Burial 2 Cremetion 3 ☐ Removel from State 4 Donation 5 Other (Specify) Smithsburg Crematory 5-19-97 Smithsburg, MD 21. Signature of Funeral Service Living 22. Name and Address of Fecility I Home 425 S. Conococheague St. Williamsport, MD the Enter the pleese, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory errest occ, or heart plure. List only one cause on each line. Physician Immediate Cause (Final disease or condition resulting in death) /Medical 25 Examiner Due to (or es e consequence of) Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that influences) Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, The law requires that the death certificate be that initiated events resulting in death) Last Due to (or as e consequence of): ed by the detached Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24e. Wes en eutopsy performed' 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Deeth Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? Certification: 28d. Describe how injury occurred After ! 11 Natural 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident after deat Director: 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a Certifier Medica (Check only only 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) ame and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) 22-

State Registrar

31. Date filed (Month, Day, Year) MAY 1 9 1997

11110 32. Begistrer's Signeture

DHMH 16 Rev 6/95

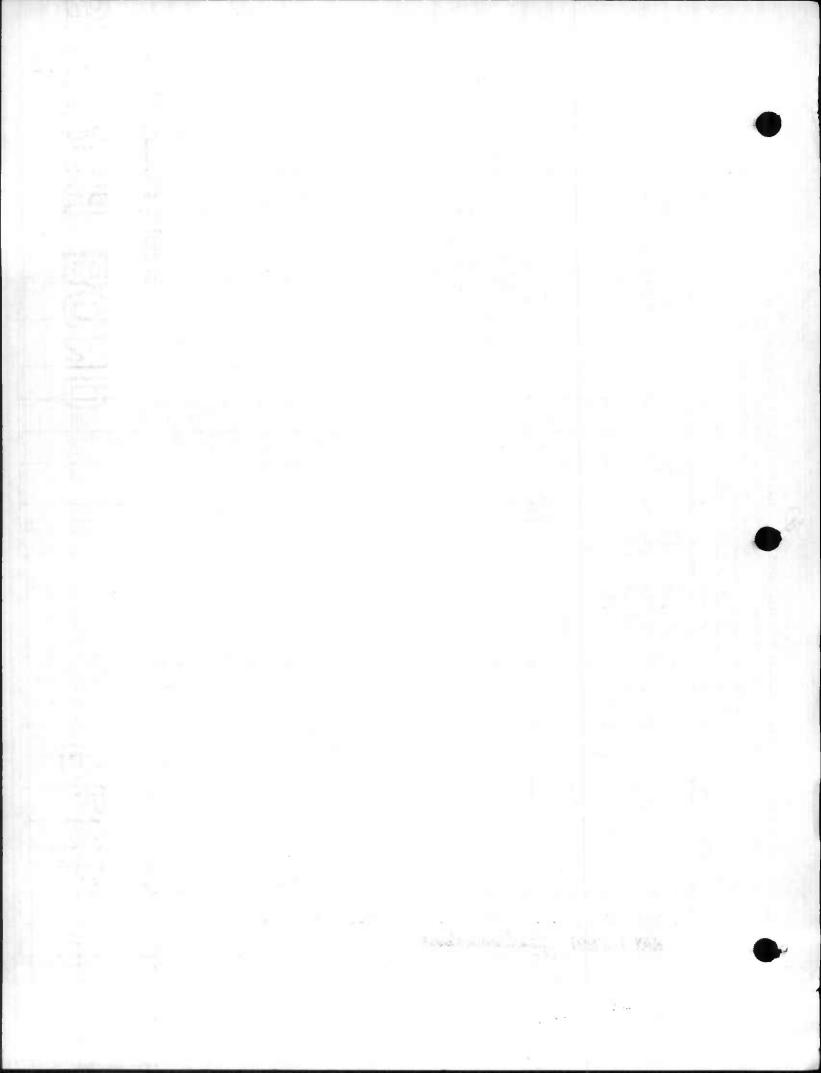
NAME OF THE PARTY OF THE PARTY

e hospital or attending physician. etached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

| TO BE COMP | TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION |
|---|--|
| examiner must be notified at once. | IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
| al. | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. |
| e funeral director, page 5 should be detached | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached |
| r death. Page 6 may be retained by the hospi | TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospi |
| | |

| 1 - STATE REGISTRAR | STATE OF MARY | | RTMENT OF | | MENTAL HYGIE | | | |
|--|--|-------------------------|-------------------------|---|--|----------------|----------------------------|---|
| 1. DECEDENT'S NAME (First, Middle, Les MARY Fra | naac | KNICLEY | | | | | YEAR | 3. TIME OF DEATH |
| 4. SOCIAL SECURITY NUMBER 214-09-2379 | 5. SEX 6. AGE | (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) NOV • 25, 1 | 907 | BIRTHP Country, Mary | lace (State or Foreign |
| 99. FACILITY NAME (If not institution, gived the control of the co | | | 96. CITY, TOWN | OR LOCATION OF D | EATH | 9c. COUNT | | GION |
| | ington | H | agersto | | | 120 | | 10d. INSIDE CITY LIMITS? 12 YES 2 NO |
| 100. STREET AND NUMBER form Coffman Nursing | erly W. Balti Home, Penna. | more Str Ave. | eet | 01. ZIP CODE 21740 | | | USA | HAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 YES | 2 X NO | II yes, | | NIC ORIGIN? (Specify Yorn, Puerto Ricen, etc.) by: | es or No 1 | | White, atc. |
| 15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) | DUCATION ide completed) College (1-4 or 5+) | ille. Do NOT u | work done during | TION nost of working | 16b. KIND OF B | own h | | 5 |
| 17. FATHER'S NAME (First, Middle, Last) John Matthew H | ogan | | | | ME (First, Middle, Maide a Neibert | n Surname) | | |
| Ruth Troupe - | sister | | | | Hagerst | | | 1740 |
| 23. PART I. Enter the diseases, or shock, or heart failur immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algorificant conditions. | a. DUE TO (OR AS | A CONSEQUENCE O | Physical Physics (1997) | istulia | Tion Level | N AUTOPSY | 246. | Approximate interval Betwee Onset and Dea 3 WULF WERE AUTOPSY FINDING MINIMA BALE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| 25. WAS CASE REFERRED TO MEDICAL | - | | 26. | PLACE OF DEATH (CI | neck only one) | | | 1 TES 2 NO |
| EXAMINER? 1 YES 2 WO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not a determined. | 28s. PLACE OF INJUF building, etc. (Sp | 28b. Tih | ME OF 28c. | ome 5 Residence NJURY AT YORK? YES 2 NO | 8 Other (Specify) 28d. DESCRIBE NOW 281. LOCATION (Street, City or Town, State | t and Number o | | oute Number, |
| 29a. CERTIFIER 1 CERTIFYING PHOOF 2 MEDICAL EXAMI | YSICIAN: To the best of my kno iNER: On the basis of examinating | on and/or investigati | on, in my opinior | | time, data and place, o | | | and manner as stated. |
| SAMUET, CHAN M 31. DATE FILED (Month, Day, Year) MAY 1 9 1997 | | T AEINA | | gersion, | MD | , | | |



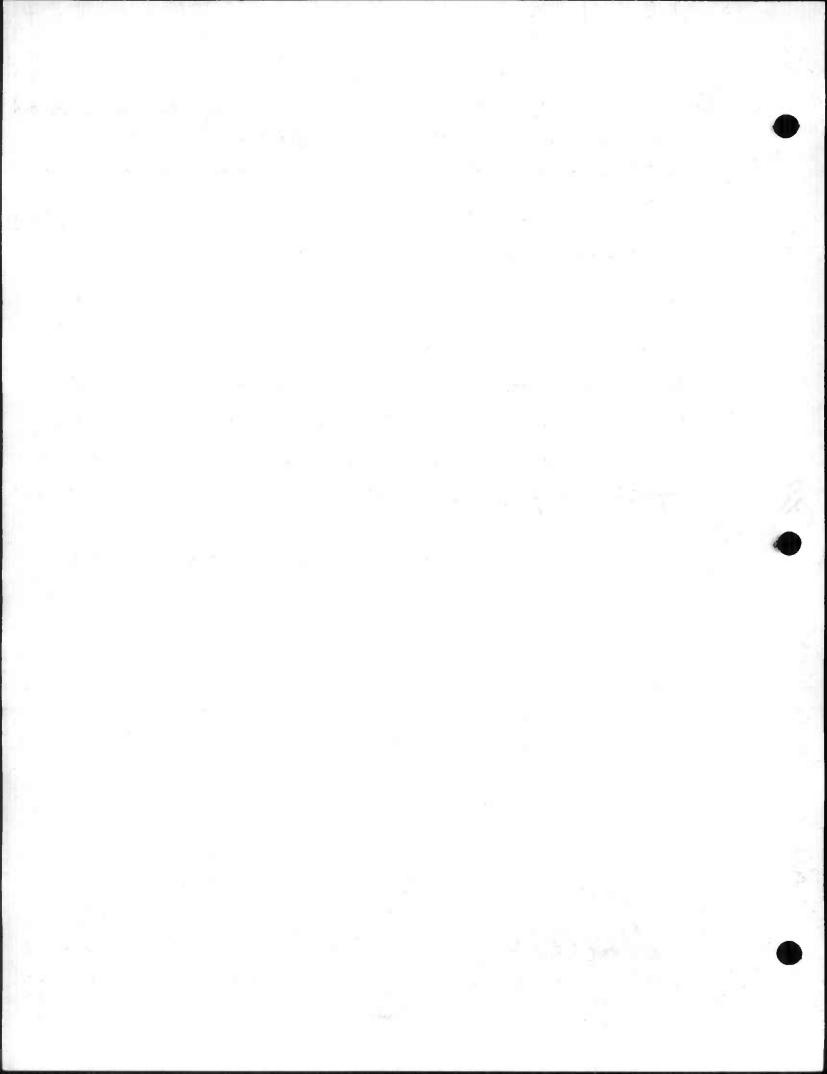
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 3. Time of Death 2. Data of Death Month **Physician** Raymond Emory Kirk May 1997 16 /Medical 4a. Fecility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington County Hospital Hagerstown Washington 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) If Under 1 Year Months Days If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year)
Jan. 28, 1928 Pennsylvania **Funeral** 100 M 2□ F Hours 213-22-3683 69 Yrs. Director Usual Rasidanca of Dacadant the Maryland 10a Stata 10b County tem 27 is marked other than "natural", or items 23e or 28a-f show other treumstic event, the Mexical Examiner must be notified at 10c. City. Town or Location 10d. Insida City Limits 1 Yes 2 No Director MD Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11549 Selema Drive 21742 U.S.A. death 12. Wes Decedant Evar in U,S. Armed Forcas? 1 □ Wes 2 □ No If Yes, Giva Yaar or Datas: WW I 14. Race - Amarican Indian, Black, White, atc. 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Ricen, atc.) 1 ☐ Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: P Specify: 3(□(Widowed 4 □ Divorced White WWII Completed Decedant's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiene Important: If item 27 is marked other than any injury or other treumetic aven. Elemantary/Secondery (0-12) College (1-4or 5+) Dispatcher Transportation 17. Father's Nema (First, Middla, Last) 18. Mothar's Name (First, Middle, Maldan Sumeme) Be Raymond Eugene Kirk Mary Ann Graham 19e. Informant's Name/Relationship (Type, Pnint) 19b. Mailing Addrass (Straet end Number or Rural Routa Number, City or Town, Stata, Zip Code) R. Beverly POPO 11549 Selema Dr. Hagerstown, MD 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematery, cramatory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal From State Smithsburg Crematory May 19/97 Smithsburg, Maryland 5 Othar (Specify of Funeral Sarvice Lie Signatura 22. Nama and Addrass of Facility 12525 Bradbury Ave. Davis Funeral Home Smithsburg, MD 21783 Part1. Enter the disaasa, or complications that ceused tha death. Do not antar the mode of dying, such as cerdiac or raspiretory errast, shock, or haart failura. List only ona causa on aach lina. Approximate tervel Bety Onset end Death **Physician** /Medical Immediate Causa (Final Carcinoma onchogenic Due to (or as e consequence of): diseese or condition rasulting in death) Examiner Examiner sician and buriel-transit Sequentially list conditions, if eny, laading to immediate causa. Entar Underlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of) signed by the attending physician d be detached for use as the buriel Physician/Medical Due to (or es e consequance of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 No 2 No 3 Probably 4 Unknown Melli tus þ 24b. Were autopsy findings availabla prior to complation of cause of deeth? Completed Ischemic Heart difease 24a. Was an autopsy 1 Yas 2 No 1 ☐ Yas 2 ☐ No Be 25. Wes cesa rafarred to medical axaminer? 26. Placa of Death (Check only ona) Hospital: 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidenca 6 Othar (Specify) 1 Dipatiant To 2 ER/Outpatiant 3 DOA this 27. Mannar of Death Data of Injury (Month, Dey Year) 28c. Injury at Work? Certification: 28d. Describe how Injury occurred After 5 Panding investigation 1 Naturel death. To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completaly filled in by the fu 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be 3 Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Spacify) 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 4 T Homicida edical 1 Descritiving Physician: To the best of my knowledga, daath occurred et tha tima, data and place, and due to the cause(s) and mannar as stated.

2 Medical Examiner: On tha basis of axeminetion end/or invastigation, in my opinion, daeth occurred at the time, dete and place, end dua to the causa(s) and mannar statad. 29a. Certifian (Check only one) 29b. Signature and title of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) 5/16/97 May 16, 1997 25740-1 30. Nama and addrass of person who completed ceusa of daath (Itam 23a) (Type, Print) WATERD, MD-12821-OAKHIL AVE. HAGERSTOWN MD21742 32. Ragistrar's Signatura State Registrar

DHMH 16 Rev 6/95

Jaymond Emory Kirk



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month 1997 Rhoda Kline May 7, 6:55pm 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Manor Care Potomac Potomac Montgomery If Undar 1 Yaar | If Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Jan. 8, Birthplece (Steta or Foreign Country)
 VA 7. Age (In yrs. lest birthday) Deys Hours 1 ☐ M 25 F 73 Yrs 1924 10b. County 10c. City, Town or Location 10d. Inside City Limits Montgomery Silver Spring 1 Yas 2 No 10f. Zip Code 10g. Citizen of Whet Country? 15115 Interlachen Dr #515 20854 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2⊠ No If Yes, Give Yaar or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puarto Rican, etc.) Race - Amarican Indien, Bleck, White, etc. 1 ☐ Navar Married 2 ☐ Married White 1 Yes 2 No Specify: 3 Nidowed 4 Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast grada completed) Elementary/Secondary (0-12) College (1-4or 5+) Own Home House Wife 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Irvin Fanaroff Esther Sidenberg 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Irv Kline/son 7900 Declaration Lane Potomac MD 20854 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State King David Memorial Gar. 5/9 4 ☐ Donetion 5 ☐ Other (Specify) Falls Church, VA 21. Signeture of Funeral Service Licensee 22. Neme end Address of Fecility Edward Sagel Funeral Direction 1091 Rockville Pike Rockville MD 20852 23a. Part 1. Enter the disaasa of complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert feilure. Lief only one ceuse on eech line. Approximete Intervel Between Onset end Death . Sepsis hours Dua to (or es e consequence of): Pneumonia Days Due to (or es e consequence of): Due to (or es e consequanca of) Pert II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the causs of death? 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to 24e. Wes en autopsy completion of cause of death? 2 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicel exeminer? 26. Piece of Death (Check only one) Other: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4☑NursIng Home 5☐ Residence 6 ☐ Other (Specify) 28e. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending Investigation 1 Yes 2 No 6 Could not be determined 28f. Location (Street and Number or Rurel Routa Number, City or Town, State) Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the cause(s) end menner es steted.

2 Madical Examiner: On the best of examinetion end/or investigation, in my opinion, death occurred et the time, dete end place, end due to the cause(s) end menner steted.

P.O. Box 68760, Records, Division of Vital

attending physician and for use as the buriel-transit The law requires that the death certificate be executed the signed by t d be detach been sig page 2 s certificate To the Hospital or Attanding Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, t

Physician

/Medical

Examiner

Funeral

Director

28a-f show

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"natural", or items 23a

permit. Peges 1 end 2 should be filed within 72 hours after to Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or iten any injury or other traumetr.

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

Director

Funeral

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Completed

Be

Examiner

Physician/Medical

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Be Completed

Certification: To

Medical

traumatic event, the Medical Examiner must be notified at

with the Maryland

5. Social Sacurity Number

10e. Street and Number

20e. Mathod of Disposition

Immediete Ceuse (Final disaesa or condition resulting in death)

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury thet initiated events resulting In death) Lest

1 | Yes 2 | No

27. Menner of Deeth

1 Naturel

2 Accident 3 ☐ Sulcide

4 Homicide

(Check only one)

29a. Certifier

10e State

MD

577-38-3010

Usual Residence of Decedent

State Registrar 29b. Signetur

29c. License number

29d. Data signed (Month, Day, Year)

D23911

May 8, 1997

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

David A. Blass 9410 Old Georgetown Rd. Bethesda, MD20814

31. Date filed (Month, Day, Year)

MAY 1 3 1997



Aud a. Burn

| 1 | | | | | State of | r maryiai | | ertificate of | Health and I Death | | glene Reg. No. | 7 | 16518 |
|-----------------------------|---|---------------------|--|---------------------------|---|--|---|--|---|--|--|-----------------|---|
| r) è | Physici | | DOLOCITED LIGHT OF THE CLOW | | | | | | | 2. Date of De Month | Dey | Year 997 | 3. Time of Death 8:46 P.M. |
| | /Medi Examir | | 4e. Fecility Nema (If not Institution, give street and number) Asbury Methodist Village 4b. City, Town, or Location of Deeth Gaithersburg Montgomery | | | | | | | | | | mery |
| | permit. Pages 1 and 2 should be filled within 72 hours effer deeth with the Maryland Department of Heelth and Mental Hyglene. Important: If flam 27 is marked other than "natural", or flams 23a or 28a-f show any injury or other traumatic event, the Medical Example must be notified at once. | | 5. Social Security Number 558-66-186 | 7 6. S | ex □M 2 ⊠ F | | | | If Under 24 Hrs. Hours Min. | | | | leca (Steta or Foreign try) inois |
| | | | Usual Residence of Deceded | | 10c. City, Town or Location | | | ti | | | 10d Incide Oi | | 0d. Inside City Limits |
| | | o | | mery | Gaithersburg | | | | | 1 To Yas 2 □ No | | | |
| | | rect | 10e. Street and Number | | | 10f. Zip Coda | | | | | 10g. Citizen of | Whet Coun | ntry? |
| | | a D | 301 Russel | | 20877 | | | | | U. S. A. | | | |
| 020 | | by Funeral Director | 1 Never Merried 2 Married 1 | | | s Decedent Evar in U,S. 13 ned Forces? JYes 2 X No as, Giva ar or Detes: | | 3. Was Decedant of Hispanic Origin? (Specify Yes or If Yes, spacify Cuben, Mexican, Puarto Rican, atc.) 1 □ Yes 2 ☒ No Specify: | | | No- 14. Race - Amarican Indian, Bleck, White, etc. Specify: Caucasian | | |
| 5-0 | | eted | 15. De | cedent's Ed | lucation de complated) | | 16e. Deci | 16e. Decedent's Usuel Occupation (Giva kind of work done during most of work) | | | 16b. Kind of E | | , |
| 21215-0020 | | Completed | Elementery/Secondery (0 | -4or 5+) | irre. DO NOT use retireal | | | | | Public schools & Private Music | | | |
| | | To Be Co | | | | | | | 18. Mother's Nen | Neme (First, Middle, Meiden Surneme) | | | |
| Baltimore , Maryland | | | Henry James Geest Anna | | | | | | | Sophie Christofferson | | | |
| | | | 19e. Informent's Neme/Reletionship (Type, Print) nephew Christopher C. Geest 122 W. Scanlon St., Culpeper, VA. 22701 | | | | | | | | | | |
| | | | 20a. Method of Disposition 1 Burial 2 Cremetton 3 Removel from Stete 4 Donetton 5 Other (Specify) 20b. Placa of Disposition (Nema of cametery, cremetory or other place) Culpeper Masonic Cem. 5—9—97 Culpeper, VA. | | | | | | | | | | |
| Balti | | | 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Clore-Geest Funeral Home | | | | | | | | | | |
| | Physician /Medical Examiner | | PO Box 100, Culpeper, VA. 22701 23e. Part1. Enter the disease, or complications that caused the double. Do not anter the mode of dying, such as cardiac or raspiretory errast, Approximate | | | | | | | | | | |
| | | | Interval Between Onset and Death Immediate Couse (Finel disaesa or condition Atheroschlerotic Coronary Artery Disease Years | | | | | | | | | Onset and Death | |
| | | | | | | | | | | | | | |
| | | <u></u> | Due to (or es a consequenca of): | | | | | | | | | | |
| | To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effecteath. To the Funeral Director: After this certificate has been signed by the attending physician end completely filled in by the funeral director, page 2 should be detached for use as the buriel-transit | Examiner | Sequentially list conditions | | Due to (or as a consequence of); | | | | | | | | |
| 68760, | | alE | Sequentielly list conditions if any, leading to immadiet cause. Enter Underlying Ceuse (Diseese or injury | ` . | с. | | | | | | | | |
| Records, P.O. Box 687 | | /Medical | that initiated avents rasulting in death) Last | J | Due to (or as a consequence of): | | | | | | | | |
| | | Physician/M | Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. | | | | | | | 23b. Did tobacco use contribute to the cause of death? | | | |
| | | | Section of the sectio | | | | ACTION TO COMMING IN ONE CONTROL OF THE CONTROL OF | | | | 1 Yes 2 No 3 Probably 4 Unknown | | |
| | | Completed by | | | | | | | | 24a. Wes | an autopsy ormed? | 24b. We | ere autopsy findings alleble prior to mpletion of causa |
| Rec | | mpl | | | | | | | | | | of c | death? |
| of Vital | | | 25 Was assauratored to m | odical | | | | | | | 1 Yes 2 1 No 1 Yes 2 No | |]Yes 2□ No |
| | | o Be | Hoenital: | | | | | | | | tn (Check only one) oma 5 □ Rasidance 6 □ Othar (Specify) | | |
| | | - | 27. Menner of Deeth 1 ☑Naturei 5 ☐ F | ending | 28a. Dete of Injury 28b. Time of 28c. Injury at 28d. De Work? | | | | | | scribe how injury occurred | | |
| Division | | Certification: | 3 ☐ Suicida 6 ☐ 0 | ould not be letermined | | | | | 26f. Location (Street end Number or Rural Routa Number, City or Town, Stata) | | | | |
| | | edical Ce | 29a. Certifier (Check only (Check only 2) Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) | | | | | | | | | | leled. |
| | | Med | ane) 29b. Signature and title of o | | end mann | er steted. | | | se number | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | | > Ellot | R | 200 | elster | n | | |) | May | | |
| _ | | | Elliot R | 60 | ompleted cause Id Ste | o of death (Ite) | 3a) (Typa 9410 | Print) Old Geo | rge town | Road, | Bethesa | la, M | 1997 20814 Aryland |
| | Sta Registr | | 31. Deta filed (Month, Dey, MAY 2 | Year) 1997 | July | egiştrer's.Sign | eture. | | • | - 1 | | | |

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene 0.7

| | | | | | ar y roar is | | | | Death | | Reg. No. | / | 6519 |
|----------------------------|---|-------------------|---|--|--------------|-------------------------------------|-----------------------------------|-----------------------|--|---|-----------------------------|-------------------|--|
| 1 | Physic | an | 1. Decedent's Neme (First, Middle, Las Samuel Bernard | * | | | | | | 2. Dete of De Month | | 9 ^{Yeer} | 3. Time of Death |
| | /Medi | cal | 4e. Fecility Neme (If not institution, give | | | | | | 4b. City, Town, or | | | | 6:55 am |
| | Examir | ner | Hermitage at S | | Cree | e k | | | Solomo | | | vert | |
| | Funeral Director | | 5. Social Security Number 6. St 150 05 2971 | | | est birthdey |) If Unda Months | r 1 Yaa Deys | r If Undar 24 Hrs | 8. Data of Bir | th y, Year) | 9. Births | place (Stete or Foreign htty) York, NY |
| | pue * | | Usual Residence of Decedent 10e. Stete 10b. County | | 10c. City | , Town or L | ocation | | | | | | 10d. Insida City Limits |
| | Mery H sh | tor | Maryland Calvert | | So | lomon | s, MI |) | | | | | 1 ☐ Yas 2 No |
| | th with the 23a or 28s | Funeral Director | 10e. Street end Number 13325 Dowell Road | | | | 10f. Z | p Coda | 20688 | | 10g. Citizen of | What Cour | ntry? |
| 020 | filed within 72 hours after deeth with the Meryland Hygiene. ther than "natural", or items 23a or 28a-f show ther than Medical Example must be notified at | | 11. Marital Status 1 □ Never Merried 2 □ Married 3 ☑ Widowed 4 □ Divorced | 12. Wes Decedent E Armed Forcas? 1 ☐ Yes 2 ☒ N If Yas, Give A Year or Detes: | | 5. 13. | Wes Dece li Yas, spo 1 Yes | | Hispanlc Origin? (ban, Maxican, Puar Specify: | Specify Yas or No to Rican, atc.) | 14. Rad Bla Specifi | ck, Whita, | can Indien, etc. ite |
| Maryland 21215-0020 | within 72 ho lene. then "netur the Medical | Completed by | 15. Decedent's Ed (Specify only highest gre- Elementery/Secondery (0-12) | ucation de completed) College (1-4or 5- | +) | (Give | | ork done usa retin | during most of wo ad) | orking | 16b. Kind of B | | |
| p | be filed ital Hygi d other event, | Be C | 17. Fathar's Nama (First, Middla, Last) | | | LOOT | and | ale | maker 18. Mothar's Ne | me (First, Middle, | | | nufacturing |
| /lar | | ToB | Adolph | | Les | ser | | | Gertrud | е | | | Firm |
| | 127 F | | 19e. Informant's Name/Reletionship (7 Robert E. Lesser) | | | 2433 | Whit | е Но | orse Lane | u <i>ral Route Numb</i> e, Silver | er, City or Town, Spring | Stete, Zip | 20906 |
| Baltimore, | Pages 1 a ment of Hei ant: If Item ury or othe | | 20a. Mathod oi Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specify | | | ace of Disp metery, cre ropol | | - | natory | Dete 5-19-97 | Alexar | | |
| Balt | permit. Pages Department of Figure 1 important: If ite any injury or of edge. | | 21. Signatura of Funarei Sarvica Licans | 500 St. | | | | | ass of Facility Guneral | Home, | Owings | , MD | 20736 |
| | 301 | 7 | 23a. Pert1. Enter the disease, or composhock, or heart feilure. List only of | Illications thet caused | the deeth, | . Do not er | nter the mo | de oi dy | Ing, such as cardia | c or raspiratory e | rrest, | | Approximate Interval Between |
| | Physician /Medical Examiner | | Immediate Causa (Final disease or condition resulting In death) | d | RDI | | | | CEST | | + | | Onset end Deeth |
| | 7 - | ner | | | Due to (or | es e conse | equence of |): | | | | | |
| ,0 | tificete be executed ng physician and as the burial-transit | i Examiner | Sequantielly list conditions, if eny, leeding to immediata cause. Enter Underlying Ceuse (Disease or Injury that initiated evants | b | Oue to (or | es e conse | quence of | : | | | | | -11 |
| x 68760, | E 0 8 | Physician/Medical | thet initiated evants resulting in deeth) Last | d | Dua to (or | as e conse | quance of) | • | | | | | |
| Вох | death cert e attendin ed for use | lan/ | | 0. | | | | | | | | | |
| P.O. | 0 0 0 | | Pert II. Other eignificant conditions co | entributing to death bu | | iting In the u | underlylng | cause g | iven in Pert I. | 23b. Dld | -1 | | bably 4 Unknown |
| Division of Vital Records, | requires een sigr houid be | eted by | AORM(JI | | | | | | | | en autopsy rmed? | ev co | ere autopsy lindings alleble prior to impletion of cause |
| al Re | The levate hes | Completed | HIN | | | | | | | 10 | Yes 2 ₹No | | death? ☐ Yes 2☐ No |
| Vita | Physician: this certific ral director, | Be | 25. Wes case referred to medical examiner? | Hospitel: | | | | 0 | hor | eth (Check only o | | | |
| of | 문 부 등 | 7: To | 1 ☐ Yes 2 ☑ No 27. Menner of Death | 28a. Dete of Injun | v : | R/Outpatie 28b. Time o | | 28c. Inju | arv et | Home 5 Resident | dence 6 Oth | | (א |
| ion | Attanding in death. | ation | 1 Neturel 5 ☐ Pending 2 ☐ Accident Investigation | (Month, Dey | Year) | injury | М | We | ork?]Yes 2∐No | | | | |
| Divis | To the Hospital or Attanding within 24 hours after deeth. To the Funeral Director: After completely filled in by the fune | Certification: | 3 Sulcide 6 Could not be determined | 28e. Pleca of injubuilding, etc. | | | traet, fecto | y, office | | 281. Location (City or Tox | | per or Rura | al Route Number, |
| | n 24 hour he Funera | edical (| 29a. Certifiar (Check only one) 1 ☐ Certifying Phy 2 ☐ Medicai Exami | rsician: To the best of liner: On the basis of and menner stell | examinetic | riedge, deet on end/or ir | th occurred | l et the t | lme, dete end piec opinion, deeth occ | lece, end due to the ceuse(s) end manner as steted. occurred et the tima, dete and pleca, and due to the cause(s) | | | |
| | To the To the Com | M | 29b. Signetura and titla of certifiar | | | | 29 | - | se number | 29d. Data signed (Month, Day, Year) | | | Day, Year) |
| | | | > OPatel/MI |) | | | | D5 | 0249 | | 5/16 | 97 | |
| 8 | | | 30. Neme end eddress of person who call of HOJP. DR :# 1 | ompleted cause of de | FRE | 23e) (Type) t R U | , Print) | MD | 20678 | | | | |
| | Sta Registr | | 31. Dete iiled (Month, Day Year) 1 9 | 1997 Registra | As abile | walsor! | Carlott | 1 | | | | | |

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| _ | 1 - FOR STATE REGISTRAR | STATE OF MARY | YLAND / DEPART CERTIFIC | MENT OF H | | NTAL HYGIEN | | |
|--------------------------------------|--|--|--|---------------------------------|---|---|---------------------|---|
| | DECEDENT'S NAME (First, Middle, L. SOCIAL SECURITY NUMBER | Sara | GE (In yrs. last birthday) | IF UNDER 1 YEAR | F UNDER 24 HRS. 7. | DATE OF BEATH | MY 6 1997 | 3. TIME OF DEATH 11: 22A THPLACE (State or Foreign) |
| E . | 9a. FACILITY NAME (If not institution, g | 1 🗆 M 2 🗹 F | 8 A YRS. | Pb. CITY, TOWN O | R LOCATION OF DEATH | | 9c. COUNTY OF | DEATH 1 |
| DIRECTOR | RESIDENCE OF DECEDENT 10a. STATE 10b. COL | | 10c. CITY, | TOWN OR LOCATI | SS Ann | | Som | 10d. INSIDE CITY |
| | 10e. STREET AND NUMBER | SOMERSET | | PRINCES 101. | S ANNE | | 10g. CITIZEN OF | LIMITS? 1 YES 2 □ NO WHAT COUNTRY? |
| FUNERAL | 11974 EDGE | 12. WAS DECEDENT EVER | R IN U.S. ARMED | | 21853 | PRIGIN? (Specify Ye | USA | CE American Indian, |
| B | X Never Merried 2 Merried 3 Widowed 4 Divorced | FORCES? 1 TYES, GIVE WAR OR | | If yee, spe | city Cuben, Mexican, Pu XX NO Specify: | verto Rican, atc.) | Bla | ck, White, etc. |
| PLETED | 15. DECEDENT'S (Specify only highest generatory/Secondary (0-12) | EDUCATION ade completed) Coilege (1-4 or 5+) | 16a. DECEDENT'S US (Give kind of wor life. Do NOT use ADMINISTR | rk done during mos retired.) | t of working | | STATES | STATE DEPT. |
| d at once. | 17. FATHER'S NAME (First, Middle, Lest) CHARLES WE: | SLEY LAIRD | | | 18. MOTNER'S NAME (| First, Middle, Maiden | | |
| be notified TO B | 190. INFORMANT'S NAME (Type/Print) DOLORES M. HINM | W (NIECE) | | | Number or Rural Route RIVE - SAL | | | 304 |
| must | 20a. METNOD OF DISPOSITION Duriel 2 Cremation 3 R Donetion 8 Other (Specify) | emoval from State | Ob. PLACE AND DATE OF | MEMORIA | PARK 5/1 | 8/97 CF | CATION — City of T | |
| si examiner | Robert H. Br | Burline | | Brad: | shaw & Son W. Main St | s Funera | field, N | 4D 21817 |
| event, the medical | 23. PART I. Enter the disesses, abock, or heart failu IMMEDIATE CAUSE (Final disesse or condition resulting in death) | or complications that cause on cause on a ca | eed the death. Do not each line. | t enter the mod | e of dying, auch ss | cerdiac or reapi | iratory srrest, | Approximata Interval Batween Onset and Death |
| or other traumatic | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST | * | S A CONSEQUENCE OF): | | | | | |
| 23 shows any injury AN: MEDICAL C | PART II. Other significant condit | al Hy | but not resulting in Heatery Heat F | ion will | liseau | PERFOR | | b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| HYSICI | EXAMINER? | HOSPITAL: | stpatient 3 DOA 4 | THER! | 5 Residence 8 | | | |
| is marked, D BY PH | 27. MANNER OF DEATH 1 | 24. DI ACE OF MUNIC | | M 1 YE | K? S 2 NO | DESCRIBE NOW II | NJURY OCCURED | |
| m 28 ETE | 4 Homicide determined | building, atc. (Sp | pecify) | | | City or Town, State) | | nouse number, |
| = 5 | (Check only one) 2 MEDICAL EXAM 29b, SIGNATURE AND TITLE OF CERTIF | YSICIAN: To the beat of my known NER: On the beels of examination | owledge, death occurred a lon end/or investigation, i | In my opinion, dea | ith occured at the time, | e cause(e) end men date and place, end | d due to the ceuse(| e) end manner ee stated. |
| TO BE COI | 30. NAME AND ADDRESS OF PERSON | so liest | DEATH (ITEM 27) (Type, Pri | | 29c. LICENSE NUMBER | 70 | 29d. DATE SIGNED | (Month, Day, Year) |
| | 31. DATE FILED (Month, Day, Year) MAY 2 0 | 1997 Jahr die | STE MATURE RANGE | 60 | uskeen | y ? | m 5 | 21894 |

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth LESTER Month **Physician** 3:10 AM May 1997 /Medical 4e. Fecility Neme (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Fallston General Fallston
If Under 1 Year If Under 24 Hrs. 8. Dete
Months Deys Hours Min. (Mor Hospital Harford 8. Dete of Birth (Month, Dey, Yeer) 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 5. Sociel Security Number **Funeral** Months 1 M 20 F Yrs. **Director** 45 June 9, 1951 Washington DC 206-40-8363 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Item 27 is marked other then "natural", or items 23a or 28a-f sho other traumatic event, the Medical Examinal must be notified at Maryland Harford Edgewood 1 ☐ Yes 2 No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1463 Harford Square R Court 21040 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, 11. Maritel Status Bleck, White, etc. 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 Never Merried 2 Married 1 ☐ Yes 2 ☒ No white Specify: þ Specify: 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Il Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) E. R. Registration Medical 12 17. Fether's Nems (First, Middle, Lest) 18. Mother's Neme (First, Middle, Meiden Sumeme) permit. Peges 1 and 2 should be filt Department of Health end Mental Hy Important: if Nem 27 is marked oth any linjury or other traumatic even page. William Stephen Abel Alma Ruth Miller 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Don Lester, husband 1463 Harford Square R. Court, Edgewood, Md. 21040 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition 1 ☑ Burlai 2 ☐ Cremetion 3 ☐ Removel from Stete Highview Memorial Gardens 5/16/97 Fallston, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Howard K. McComas III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Maryland 21009 deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximete Interval Between Onset and Deeth Pert1. Enter the disease, or complications that caused shock, or heen fellure. List only one cause on each li-**Physician** GREAST CANCER 18 MONTHS Immediate Cause (Final diseese or condition resulting In death) /Medical ASTATIC Examiner Due to (or es a consequence of): Physician/Medical Examiner The law requires that the deeth certificete be axecuted the burial-tran Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events Due to (or es e consequence of): Box 68760, ettending physician Due to (or es e consequence of): resulting In death) Last use as P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the causa of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, à 24b. Were autopsy findings aveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed this certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Attending Physician: Be 25. Wes case referred to medical exeminer? 28. Piece of Deeth (Check only one) Hospitel: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 2 ER/Outpetient 3 DOA funeral 27. Menner of Deeth 28e. Dete of injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending Investigetion 1 Yes 2 No To the Hospital or Attendi within 24 hours after death To the Funeral Director: A death 2 Accident the 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Could not be 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide filled in by 4 Homicide 1 🗹 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. Medical 29a. Certifier (Check only one) 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signature and fittle of certifies 29c. License number 29d. Date signed (Month, Dey, Year) address of person who completed cause 23a) (Type, Pgint)

DHMH 16 Ray 6/95

State Registrar

And Indian Andrew Street Andre

State of Maryland / Department of Health and Mental Hygiene 16522 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Howard A. Lane May /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Death Elk Mills

| H Under 1 Year | H Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) | 1937 4c. County of Death Examiner Frame Road Ceci1 5. Social Security Number 7. Age (In yrs. last birthday) 59 Yrs. 9. Birthplace (State or Foreign Country)
Wilm. De. **Funeral ™** M 2□ F Director 215-32-4171 Usual Residence of Decedant tha Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show ral', or items 23a or 28a-f show Examiner must be notified at Md. Ceci1 Elk Mills Yes 2□No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20 Frame Road 21920 U.S.A. Funeral filed within 72 hours after death 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 11 Marital Status 1 Never Merried 2 Married | Myes 2 | No |fyes, Give |Year or DineOrean Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify þ Specify: White 3 ☐ Widowed 4 ☐ Divorced "natural", Completed traumatic event, the Medical 15. Decedent's Education (Specify only highest grade complated) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry nd Mental Hygiane. marked other than Elamantary/Secondary (0-12) Collega (1-4or 5+) Post Master Government permit. Pagas 1 and 2 should be file Dapartment of Health and Mental Hy Important: If Nam 27 is marked other any lijury or other traumatic event 2008. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be Oscar Lane Sara Leona Tryens 19a. Informant's Name/Relationship (Typa, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) Elizabeth J. Lane, Wife 20 Frame Road, Elk Mills, Md. 21920 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Durial 2 Cremetion 3 Removel from Stete St. Johns Cemetery 5/17/97 Lewisville, Pa. 5 Other (Specify) 21. Signature of Funerel Service Licensee 22. Name end Address of Facility 259 E. Main Street, Gee Funeral Home Elkton, Maryland 21921 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate tnterval Between Onset and Death **Physician** /Medicai Immediate Cause (Final disaase or condition resulting in death) a Non Hodgkins Lymphoma ve ars Examiner Due to (or as a consequence of): Tha law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiate ceusa. Enter Underlying Cause (Disaase or injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical tha Due to (or as a consequence of): been signed by the a should be datached Part II. Other significant conditions contributing to death but not resulting in tha underlying ceuse givan in Part I. 23b. Did tobacco use contribute to the ceuse of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Completed 24b. Were eutopsy findings evailable prior to completion of ceuse of death? 24a. Was en autopsy performed? irector, paga 2 s 1 ☐ Yas 2 No 1 ☐ Yes 2 ☐ No or Attending Physician: director, Be 25. Was cese referred to medical examiner? 28. Piece of Death (Check only one) 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death Certification: 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 Natural 1 Yas 2 No 2 Accident 6 ☐ Could not be determined 3 Suicide I In by t 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stata) Direc 4 Homicide To the Hospital or within 24 hours af To the Funeral Di complataly filled in Certifying Physician: To the best of my knowledge, daath occurred at the tima, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at tha tima, date and place, and dua to the cause(s) end menner stated. Medical 29a. Cartifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed ceusa of death (Item 23a) (Type, Print) NorThern Chesapeake Hespice 1Brown Ct, Elkton, MD 21921 Farkas 31. Date filed (Month, Day, Year) 32. Registrar's Signature State MAY 1 5 1997 Registrar

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month Hubert Theodore Lightsey 5:55 P.M. May 97 /Medical 4a. Fecility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** Prince George's Comunity Hospital Prince George Cheverly If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Months Hours M 2□F Yrs Director 578-36-9513 Washington DC 66 10, 1931 Usuel Residence of Decedent 10a. State 10b. Count 10c. City, Town or Location 10d. Inside City Limits 28a-f show "natural", or items 23a or 28a-f show 1X Yes 2 No Director DC N/A Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 322 35th St. NE Completed by Funeral 20019 United States death 12. Wes Decedent Ever In U.S. Armed Forces?

¼∑ Yes 2 □ No
If Yes, Give Year or Dates: 2-52 1-54 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. filed within 72 hours after 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Black 3 □ Widowed 4 □ Divorced h end Mental Hygiene.
7 is marked other than "natur traumatic event, the Medical 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondery (0-12) Warehouse Worker DC Public Schools 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) . Pages 1 end 2 should be filt ment of Health end Mental Hy lant: If Item 27 is marked oth lury or other traumatic event Be Perry Lightsey Alice Cleckley 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Donna Lightsey 1747 Addison RD So. Distict Heights MD 20747 20a. Method of Disposition 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State Dete 1 XBurial 2 ☐ Cremation 3 ☐ Removal from State 5-19-97 Quantico National 4 ☐ Donation 5 ☐ Other (Specify) Quantico VA 22. Name and Address of Fecility Pope Funeral Home 21. Signature of/Funeral Service Licenses M859 2617 Pennsylvania avenue , SE Wash., D.C. 20020 ad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between Onset end Death **Physiclan** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner The law requires that the death certificate be axecuted burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) P.O. Box 68760, Physician/Medical the Due to (or as a consequence of): for use as Part II. Other significant conditions contributing to death/but not resulting in the underlying cause given in Part I. 23b. Dfd tobacco use contribute to the ceuse of death? 1 Yee 2 No 3 Probably 4 Unknown Records, à page 2 should be Completed 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? this certificate 1 ☐ Yes 2 ☐ No Division of Vital spital or Attending Physician: The hours after death.

neral Director: After this certificate y filled in by the funeral director, pa 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner?

1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) Medical Certification: To Inpatient 2 ER/Outpetient 3 DOA 27 Manner of Death 28b. Time of injury Dete of injury (Month, Day Year) 28d. Describe how injury occurred 28c. Injury at Work? Natural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigation 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide To the Hospital of within 24 hours a To the Funeral D completely filled in 29a, Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the cause(s) and menner es stated. Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and manner stated.

29c. License number

29d. Date sigged (Monthy Day, Year)

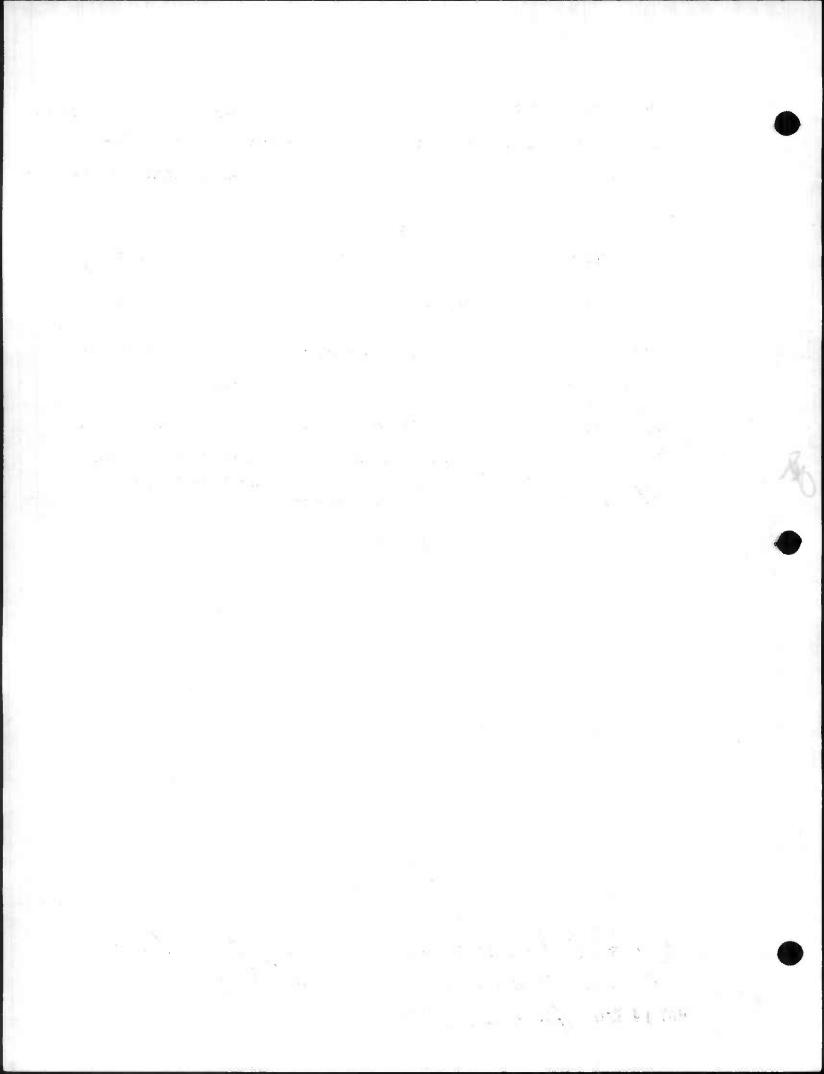
State Registrar 31. Date filed (Month, Day, Year)

29b. Signature and title of certifier

30. Name and address of person who con

32. Aegistrar's Signature

releted ceuse of death (Item 26a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacadant's Nama (First, Middla, Last) 2. Date of Death 3. Tima of Death Month **Physician** 8:15 Am LAW REUCE HIRAM MO /Medical 4e. Fecility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Washington Adventist Hospital Takoma Park Montgomery If Undar 1 Year If Under 24 Hrs. 8. Date of Birth
Month, Day. 5. Social Sacurity Number 7. Age (In yrs. lest birthday) Birthplace (Stata or Foreign Country) **Funeral** 1 M 2 □ F Yrs. 88 Director 216-44-9448 10, 1908 Nov Maryland Usual Rasidanca of Decedan the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or Items 23a or 28a-f show the Medical Examiner must be notified at 1 Yas 2 □ No Directo Maryland Prince George's Hyattsville 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 6119 42nd Avenue 20781 U.S.A. Funeral 12. Was Dacedant Evar In U.S. Amed Forces? 1 ∰ Yas 2 □ No 1944 -If Yas, Giva Yaar or Datas: 1946 Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - American Indian, Black, Whita, etc. 11. Marital Status 72 hours efter 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: q 3 ☐ Widowed 4 ☐ Divorced Specify: White 1946 Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education 16b. Kind of Business/Industry (Spacify only highast grada complated) permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiens important: if lem 27 is marked other than in any Injury or other treumetr Elementery/Secondary (0-12) College (1-4or 5+) U.S. Government Auditor 5+17. Fethar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middla, Maiden Sumame) Be William F. Lawrence Mary Ellen Gunn 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, State, Zip Code) Rosa Y. Lawrence - Wife 6119 42nd Avenue, Hyattsville MD 20781 20a. Mathod of Disposition 20b. Plece of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Steta ₩ Burial 2 Cremetion 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Southern Memorial Gardens5/19/97 Dunkirk, Maryland 21. Signatura of Funaral Sarvice Licensea 22. Nama end Addrass of Facility Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Avenue, Hyattsville, MD 20781 ceses 23a. Part1. Entar the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or haert feilure. List only one cause on each line. Approximata Interval Batw Onsat end Death **Physician** hro /Medical Immediata Causa (Final We a diseasa or condition rasulting in death) Examiner The lew requires that the death certificate be executed buriel-transit Sequantially list conditions, if any, leeding to immadiate ceusa. Entar Undarlying Causa (Disease or injury thet initiated avants rasulting in death) Last pue Due to (or as a consequence of): Box 68760, physicien Physician/Medical the Dua to (or as e consaguance of): for use es P.O. Part il. Other eignificant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. been signed by the should be deteched 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records, þ Be Completed 24b. Were autopsy findings available prior to complation of ceuse of deeth? 24a. Was an autopsy performed? certificate has birector, pege 2 s 2 No Division of Vital 25. Was casa rafarred to medical 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 Yas 2 No this 27. Mannar of Daath 28e. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how Injury occurred Certification: 28c. Injury et Work? Hospital or Attending 124 hours efter death. After 5 Panding Investigation Injury AM 1 Natural Tail May 11 97 1 Yas 2 No 2 Accident rector: 28f. Location (Street and Number or Rural Route Number City or Town, State) 3 Suicida 6 Could not be detarmined 28e. Plece of Injury - At home, farm, straet, factory, office building, atc. (Spacify) 4 Homloide ä 4200 Home Law 6119 ang • Funeral edical 29a Certifiar 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated. To the Hosp within 24 hou To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signature and titla of certifiar 29c. Licensa number 29d, Data signed (Month, Day, Year) Que com may 1 30. Nama and address of person who complated ceuse of death (Itam 23a) (Type, Print) sohn 8218 WIS CONSIN per Day, Year) 32 Ragistrer's Signatura 31. Deta filed (Month. State

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Registrar

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State of Maryland / Department of Health and Mental Hygiene 97 16525

| Examiner must be notified at the control of the con | MINNIE | ve street end number | LEEP | ER | 4 | h City To | | 2. Dete of De Month | /3, / | Yeer 997 | 3. Time of Deeth |
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| /Medical Examiner Ineral | 4a. Fecility Neme (If not institution, given Washington Adv | ve street end number, | LEEP | ER | 4 | h City To | | | 1 | 997 | 10:400 |
| ineral rector | Washington Adv | |) | | 4 | h City To | | | | | |
| ector | Washington Adv 5. Social Security Number 6.5 | | | | | | | cation of Deetl | 4c. Coun | ty of Deeth | |
| ector | 5. Social Security Number 6. 3 | entist H | lospita | hday) If Under | | Tako | ma : | Park | , i | Montgo | |
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| adat or | Usuel Residence of Decadent | | 0 | | | | | 11/17 | /36 | Wash. | D.C. |
| 3 o | 10e. Stete 10b. County | | 10c. City, Town | or Location | | | | | | 10d. | Inside City Limits |
| ART 1 197 | Md. Prince | George | Jeffe | erson E | Igts | | | | | | 1□Ves 2□N |
| be notified Director | 10e. Street end Number | | | 10f. Zip | Code | | - | | 10g. Citizen of | Whet Country | 7 |
| | 5706 Jeffers | on Hats. | Drive | | 207 | 43 | | | T7 (| S.A. | |
| Funeral | 11. Maritel Status | 12. Was Decedent Armed Forces | Ever In U.S. | 13. Was Deced | | | gin? (Spe | cify Yes or No | - 14. Ra | ce - American | |
| by Fu | 1 Never Married 2 Married 3 Widowed 4 Divorced | 1 Yes 2 X if Yes, Give Year or Detes: | | 1 Yes | | Specify: | , Puerto I | HICAN, etc.) | Speci | eck, White, etc. | ack |
| 8 | | ducation | 16e. | Decedent's Usua | el Occupa | tion | | | 16b. Kind of E | Business/Indus | try |
| plet | (Specify only highest gra Elementary/Secondery (0-12) | College (1-4or | 5+) | (Give kind of wor life. DO NOT us | rk done di se retired) | uring most | of workli | ng | | | |
| 5 | 10th | | | undry | Worl | ker | | | Priva | ate In | dustry |
| Be | 17. Fether's Name (First, Middle, Last |) | | 1 | | | r's Neme | (First, Middle, | Meiden Suma | me) | ~~~~ <u>~</u> |
| 10 | Neil Savoy | | | | | C | arri | ie Pro | ctor | | |
| | 19e. Intorment's Name/Reletionship (Walter M. Leep | ** | | Mailing Address Same a | | | | | er, City or Town | n, Stete, Zip Co | ode) |
| Olline | 20e. Method of Disposition | | 20b. Place of | Disposition (Nen | ne of | / | | Date | 20c. Location | - City or Town | , State |
| | 1 Buriel 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specif | | Chelt | enham: | Vet | s.56 | 20/9 em. | 7 | Chelte | enham, | . bM |
| 10 | 21. Signeture of Funeral Servica Licar | | | 22. Name en | | | | | 0110100 | Jan / | 110. |
| g | 1 X any | W 3. | este | H.S. | Wash | ningi | ton | & Son | s,Inc. | | |
| | 23a. Part1. Enter the diseese, or com shock, or heart teilure. List only | plications that cause | d the death. Do n | | | | | Ave., | | Ar | pproximate |
| an | shock, or heart teilure. List only | one ceuse on each li | ne. | | 73 | , | | | | Int | ervel Between nset end Death |
| al I | Immediete Ceuse (Final disease or condition | Carl | inal. | 1010111 | Δ | 1000 | 1 | | | | |
| er | resulting in deeth) | a | Due tokor esa c | onsequence of | | 1000 | 1 | • | | 110 | 5:30 |
| ner | | , veu | micula | 4 50 | pro: | 16 | ve | | | 1. | 0:30 |
| Examiner | Sequentially list conditions, | 0. | Due to (or as e o | onsequence V): | ^ | 1 | | | | | 0 . 70 |
| | | Acu | to K | cual | La | · lu | 21 | | | 12 | 0:45 |
| Medical | that initieted events resulting in death) Lest | 0 | Due to (or as e co | onsequence of): | 1 | | | | | | |
| × | | d. Caro | chiopeu | J'C < | 110 | ct. | | | | 12 | 2:00 |
| Physician | | | 0 | | | | | | | 1 | |
| ysi | Part II. Other significant conditions of | ontributing to death b | ut not resulting in | the underlying ca | ause give | n in Pert I. | | 23b. Dld 1 | obacco use co | ontribute to the | e cause of death? |
| | | uia. | | | | | | 10 | Yes 20 No | 3 Probab | ly 4 Unknow |
| 2 | V | | | | | | | 240 14400 | an autono. | 24h Wara | autopsy tindings |
| snould | | | | | | | | perfo | en autopsy med? | compl | ole prior to etion of cause |
| Completed | | | | | | | | | | of dee | th? |
| | | | | | | | | 101 | es 2 No | 1 □ Ye | es 2 No |
| Be | 25. Wes case reterred to medical exeminer? | Hospitel: | | | Other | | | (Check only o | | | |
| - T | 1 ☐ Yes 2 ☑ No 27. Menner of Deeth | 28e. Dete of Inju | | | A | 4 🗆 1401 | - | | lence 6 Otl | | |
| Certification: | 1 Naturel 5 Pending 2 Accident Investigation | (Month, De | | ury | 8c. Injury : Work? | a es 2 □ N | | od. Describe r | low injury occu | TIEG | |
| fica | 3 Suicide 6 Could not be | 9 Ope Diese of Inc | ury - At home, ferr | | | | | 8f. Location (S | treet and Num | ber or Rural Ro | nute Number |
| ert | 4 Homicide | building, etc | (Specify) | in, olioot, taolory | , 011100 | | | City or Tow | | 50. 01 110101111 | oute rearrison, |
| | 29a. Certifier 1 Certifying Ph | ysician: To the best | of my knowledge. | deeth occurred e | at the time | date and | niace a | nd due to the | ause(s) and m | enner es stele | 4 |
| edical | (Check only 2 Medical Examone) | niner on the besis of | examination and/ | or Investigetion, | In my opi | on, deeth | occurre | d et the time, | dete end place, | end due to the | cause(s) |
| | 29b. Signeture end title of certifier | | 1 | - Cho | License | number | | | 29d. Dete signe | ed (Month, Dey | , Year) |
| Σ | | | SWEar | 157 | 22 | 62 | 57 | | | 14 11 | 30~ |
| M | | - 4 | 1 | | | | | / | MAY 1 | 7,1 | 7 7 7 |
| W | 30. Neme end address of person who | completed cause of di | (Item 23e) /T | Vpe. Print) | | | | | | / | |
| W | 30. Name and address of person who of | completed cause of d | (Item 23e) (T | ype, Print) | | ok. | | Park | 28 | 225.5 | |
| | 30. Neme end address of person who of TOR - FAYAZ SHA 31. Dete tiled (Month, Day, Year) | completed cause of d AWL 76 32, Registre | CAKK er's Signeture | ype, Print) | 7. | AKon | nA. | Pack. | mb. | 20912 | |

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant'a Nama (First, Middla, Last) 2. Data of Death **Physician** LEAKE 15 cm ISA BELLE 14.1997 /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death **Examiner** CHINTON IMND SOUTHERN TTOSPITAL NINCE if Undar 1 Yaar Montha Days If Undar 24 Hrs. Birthpiaca (Stata or Foraign Country) 5. Social Sacurity Number 6. Sex 7. Aga (in yrs. last birthday) **Funeral** Hours 1□M 2□X 76 Director 577-26-6069 Nov 5, 1920 Virginia Usuai Rasidance of Decedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show treumstic avant, the Markical Examiner must be notified at Maryland Prince George's Clinton 1 Yas 2 000 10e. Streat and Number 10f. Zlp Coda 10g. Citizen of What Country? Bradford Oaks Nursing Home 20735 United States Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No if Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. 11. Marital Status 1 Navar Marriad 2 Married 1 Yas 2 No Specify: White 2 3 ☑ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilega (1-4or 5+) Meat Packer Briggs Meat Company 17. Fathar's Nama (First, Middia, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Daniel Y. Funk Dunie Silvius 19b. Malling Addraas (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) 20748 19a. Informant's Name/Raiationship (Type, Print) 3065 Brinkley Road Apt 202, Temple Hills, Md Donna L. Thompson 20a. Method of Disposition
1 ☐ Dunial 2 ☐ Cramation 3 ☐ Ramoval from State 20b. Place of Disposition (Nama of cematary, crematory or other place) May 16, 4997 20c. Location - City or Town, Stata 4 ☐ Donation 5 ☐ Othar (Specify) Baltimore, Maryland Baltimore National Cemetery 22. Nama and Address of Facility ee Funeral Home, Inc 6633 Old 21. Signatura of Funaral Sarvice Licenses Alexandria Ferry Rd, Clinton, Md 20735 23a. Part T. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximata Intarval Between Onsat and Death **Physician** CEREBROVASCULAR DISCASE Immediata Causa (Finai disaasa or condition rasulting in death) /Medical Examiner Dua to (or as a consequence of):

VPERTENS 1000

Dua to (or as a consequence of): Examiner been signed by the attending physician and should be detached for use as the burlal-transit law requires that the death certificate be assocuted Sequentially list conditions, if any, laading to Immadiata causa. Enter Underlying Causa (Disaasa or Injury that initiated evants rasulting in death) Last ARRHYTHMIA P.O. Box 68760. Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vitai Records, þ 24b. Wara autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? has 1 ☐ Yas 2 ☐ No certificate 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifice funeral director, 25. Was casa rafarred to medical axaminar? Be 26. Piaca of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 2 1 Tyas 2 DNO 1. Impatient 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28d. Dascribe how injury occurred Certification: 28c. Injury at Work? Natural 5 Panding invastigation 1 □ Yes 2 □ No To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completely filled in by the fu 2 Accident 6 Could not be detarmined 3 Suicida 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homiclds To tha best of my knowledga, daath occurred et the time, date end piece, end dua to the ceuse(s) end manner as stated.

2 Medicat Examiner: On the basis of axamination end/or invastigation, in my opinion, daath occurred at tha tima, data and place, and due to the causa(s) and manner stated. Medical 29e. Certifier 29d. Data signed (Month, Day, Year) 29b. Signature and title of 29c. Licensa number 20733 30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) SAMTANI RD.

DHMH 16 Rev 6/95

State

Registrar

31. Data filed (Month, Day, Year)

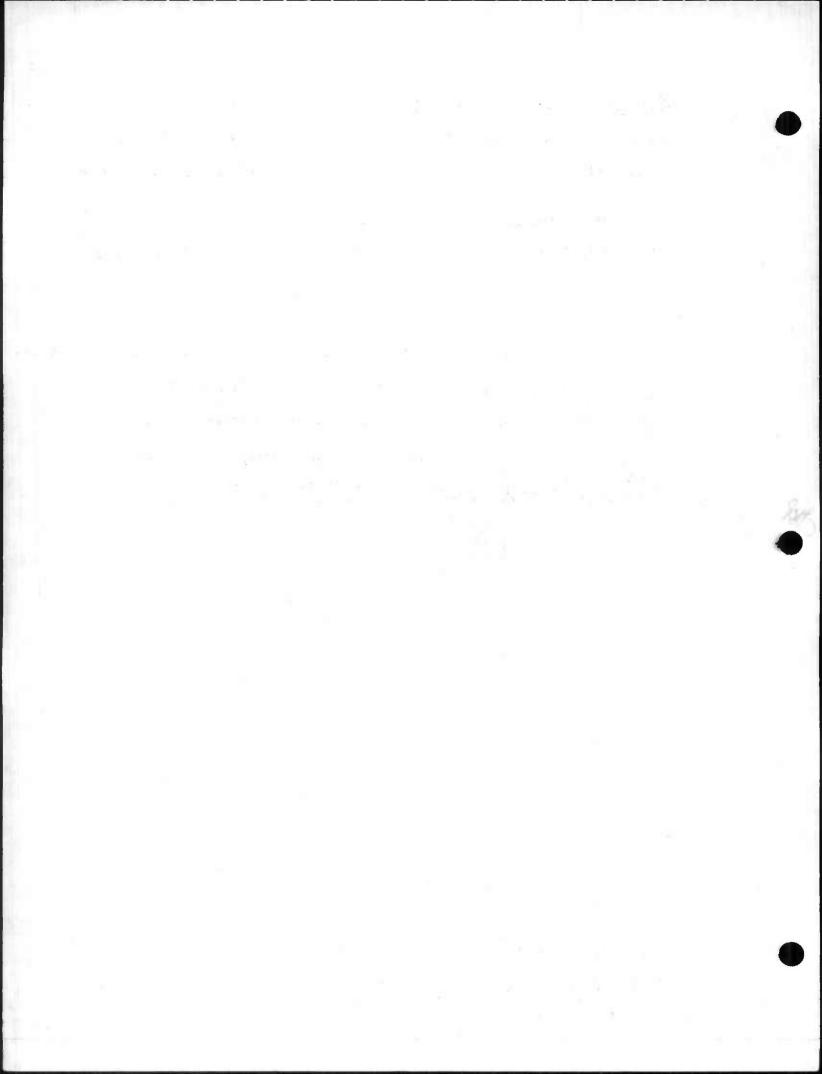
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32. Registrar's Signatura

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State of Maryland / Department of Health and Mental Hygiene

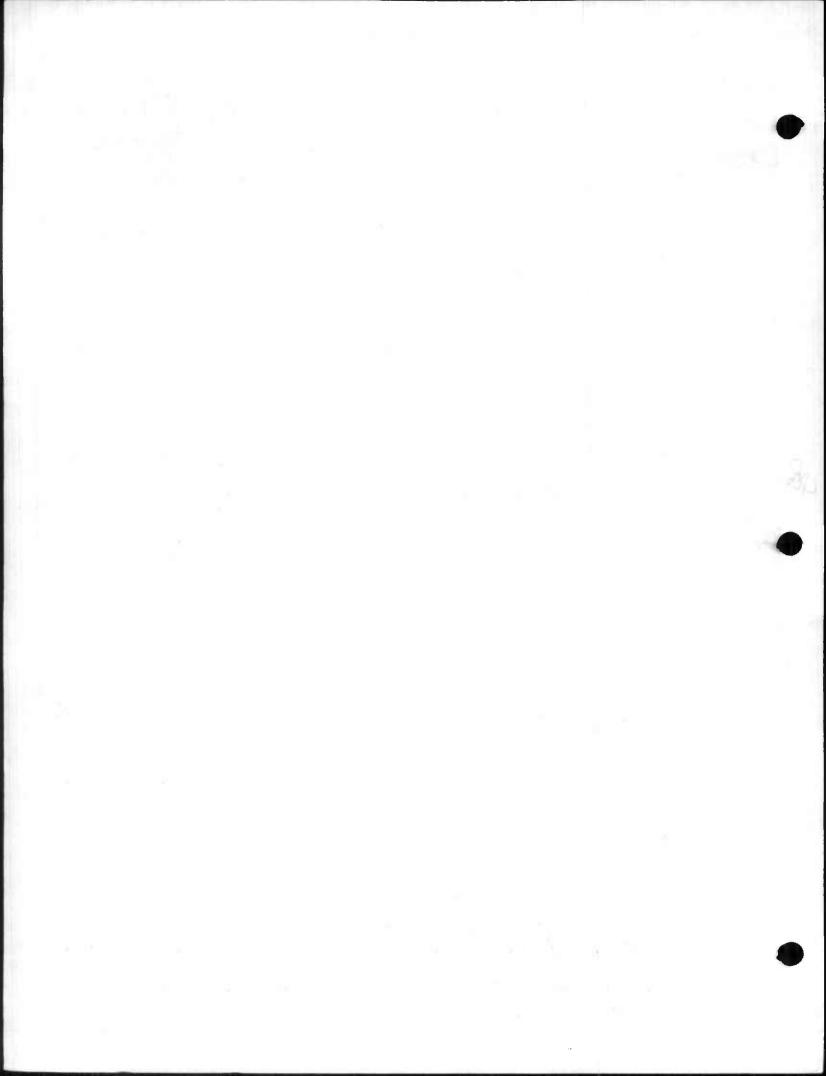
6527 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physiclan** Month KOSE 1A 199 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Washington Adventist Hospital Takoma Park Montgomery 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Dec. 24, 1906 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign Country)
Jamaica, W.I. **Funeral** Months Deys 1□ M 2Q F Hours 90 578 80 3485 Vrs Director Usuel Residence of Decedent filed within 72 hours after death with the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show event, the Medical Examiner must be notified at 1 Yes 2□ No Prince George's Director Maryland Hyattsville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò 5611 - 36th Place 20782 234 United States Funeral **Items** 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 🔯 No If Yes, Give Yeer or Dates: 21215-0020 6 1 ☐ Yes 2 ☒ No Specify: þ Specify. 3 Widowed 4 □ Divorced natural. Black Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 12 Police Sergeant Jamaica Constable Force Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother'e Neme (First, Middle, Meiden Sumeme) Be markad Elizabeth Dawkins Unavailable Malvo 19a. Informent's Neme/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Pages 1 and 2 s nant of Health an permit. Pages 1 and 2 Department of Health a Important: If item 27 is any injury or other tra 4706 Cherokee St., #203, College Park, MD. 20740 Marcia Housen (Granddaughter) 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 🖾 Removel from State 5/19/97 4 ☐ Donetion 5 ☐ Other (Specify) Bellville Cemetery Bellville, VA. 21. Signeture & Euperal Service Vicenses 22. Name and Address of Fecility McGuire Funeral Service Inc. 7400 Georgia Ave., N.W., Wash., D.C. 20012 23a. Party Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, specific parts. List only one cause on each line. Approximate Intervel Between Onset end Deeth Physician Immediate Cause (Final disease or condition resulting in death) /Medical Examiner to Colon Cancer secondary elula or Attending Physician: The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest physician is the burial Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were eutopsy findings evailable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? certificate 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 Unpatient 2 □ ER/Outpetient 3 □ DOA this funeral Certification: 27. Menner of Death 28b Time of 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how injury occurred After 1 Neturel 5 Pending death. 1 ☐ Yes 2 ☐ No Investigation 2 Accident after death Director: 6 Could not be determined 3 Suicide Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) in by 4 Homicide To the Hospital or within 24 hours after To the Funeral Dir 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) end manner steted. Medical 29b. Signeture and title of certifier 29d. Dete signed (Month, Dey, Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 7610 Carroll Ave #280 Takoma Park Uld. 20912 S. HO M.D 31. Dete filed (Month, Day, Yeer)
MAY 1 4 1997 State Registrar



State of Maryland / Department of Health and Mental Hygiene

| | | | | ar y larin | | cate of | Death | | Reg. No. |) / | 6528 |
|---|------------------|--|---|-------------------------------------|--|-------------------------------------|--|---|------------------------------------|---------------------------------|-----------------------------------|
| Physic | rian | Decedent's Name (First, Middle, La | ist) | | | | | 2. Dete of De Month | Dey | Yeer | 3. Time of Death |
| /Med | | Hao Luong | _ | | | | | May 12 | • | | 4:45 PM |
| Exam | | 4e. Facility Neme (If not institution, gir | re street end number) | -50 | | | 4b. City, Town, or | Location of Deet | h 4c. County | of Deeth | |
| | | Care Matrix Nursi | ng Center | | | | Silver S | nring | Mont | gomery | , |
| Funera | | | | ge (In yrs. le | | Under 1 Year | If Under 24 Hrs | 8. Date of Bir | | - | ce (Stete or Foreign |
| Directo | | 217-33-5340 Usuel Residence of Decedent | 1□M 2덨F | 80 | VPR | onths Deys | Hours Min | Dec. 31 | | Viet | |
| within 72 hours after death with the Manyland ene. than 'neturel', or items 23s or 28=4 show he Medical Examiner must be notified at | 5 | 10e. Stete 10b. County | | | , Town or Location | | | | | 10d | I. Inside City Limits |
| 7 9 P | Director | Maryland Montgo | mery | | Silver S | pring | | | 40 00 41 | | |
| € 8 | ā | Toe. Street and Number | | | 1" | Of. Zip Code | | | 10g. Citizen of | What Country | Ţī. |
| 13a | - E | 10900 Rampart Way | | | | | 20902 | | Viet | Nam | |
| tar death wi | Funeral | 11. Meritel Stetus | 12. Wes Decedent Armed Forcas? | Ever in U,S | S. 13. Wes | Decedent of H | lispanic Origin? (5 en, Mexican, Puer | Specify Yes or No to Rican, etc.) | 14. Red | ca - American ck, White, etc | |
| id 2 should be filed within 72 hours after the and Mental Hygiene. It and Mental Hygiene. It is marked other than "netural", or it traumatic event, the Medical Examin | Ď | 1 Never Merried 2 Merried 3 Vidowed 4 Divorced | 1 ☐ Yes 2 ☑ If Yes, Give Yeer or Detes: | No | | res 2K No | | | Specif | | |
| 2 ho | 8 | 15. Decedent's E | ducation | | 16e. Decedent's | Usuel Occur | etion | | 16b. Kind of B | | |
| 1 L | Completed | (Specify only highest gr | ade completed) | | (Give kind life, DO N | of work done IOT use retire | netion during most of wo d) | orking | | | , |
| with the | Ē | Elemantary/Secondery (0-12) | College (1-4or | 5+) | U om om als | | | | O II | | |
| offind offiner | ŏ | 17. Fether's Neme (First, Middle, Last | 1 |] | Homemak | er | 18 Mothar's Na | me (First, Middle | Own Ho | | |
| Mental Hygarked other | Be | | | | | | | | , Meldell Calliell | 10) | |
| should b ind Menta i marked | To | Nguyen Khanh Luc | | | | | Chuyen | | | | |
| and and | | 19e. Informent's Name/Reletionship | Type, Print) | | 19b. Meiling Ad | idress (Straat | and Number or R | lural Route Numb | er, City or Town, | , Stete, Zip C | ode) |
| s 1 and 2 should f Health and Med from 27 is mark other traumatic | | Dinh N. Chung | | | 2102 Co | leride | e Drive | Silver S | bring.M | arvlan | d 20910 |
| permit. Pagas 1 an Department of Heal Important: if Item any Injury or other once. | | 20e. Method of Disposition | | 20b. Ple | ece of Disposition metery, cremetor | Neme of | cel | Dete | 20c. Location | City or Town | n, Stete |
| Department of Heam of | | 1 ☑ Burlal 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci | | | | | 1 | 116/07 | 0.11 | | 36 1 |
| it. F | . 8 | 21. Signature of Funeral Service Lice | | Gate | of Heav | ne end Addre | netery : | 0/16/9/ | Silver S | spring | ,Maryland |
| Depa Depa | | 21. Signature dy photos Service dos | isea . | | | | Collins | Funeral | Home. | Inc. | |
| - 40240 | | 1 Noberth | amour | 1 | 1 | | sity Blv | | - | | nd 20901 |
| Physician /Medical Examiner | | Immediate Cause (Final disease or condition resulting in death) | e Cerebra | | es a consequenc | | | | | | |
| tificata be axecuted g physician and as the burial-transit | Examiner | Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated evants | b. ———— | Due to (or | es e consequenc | ea of): | | | | | |
| entificata be axe Jing physician e as the burial- | Medical | thet initieted evants resulting in deeth) Lest | d | Due to (or | es e consequenc | e of): | | | | | |
| death cert e attendin d for usa | an | | | | | | | | | | |
| tha deny the a | 20 | Pert II. Other significant conditions of | ontributing to death b | ut not resul | ting in the underl | ying cause giv | ven in Pert I. | 23b. Dld | tobacco use co | ntribute to th | he cause of death |
| det hat | y Physician/M | | | | | | | 10 | Yes 2⊠ No | 3 Probet | bly 4□ Unknow |
| ha law requires that a has been signed I | d by | | | | | | | 24a Was | en eutopsy | 24b. Were | autopsy findings |
| Pee Pee | Completed | | | | | | | | ormed? | aveile | able prior to pletion of cause |
| W 60 CV | G. | | | | | | | | | of de | ath? |
| The le | ပ် | | | | | | | 10 | Yes 2 No | 1 D Y | Yes 2□ No |
| iclan: The cartificata rector, pag | Be (| 25. Wes case referred to medical | | | | | 28. Plece of De | eth (Check only | one) | | |
| 2 00 | To | axaminar? 1 ☐ Yes 2⊠ No | Hospitel: | ent 2 E | R/Outpatient 3 | DOA Oth | er: 4 🖾 Nursing I | Home 5 ☐ Resi | dence 6 □Oth | ner (Specify) | |
| To the Hospital or Attending Physwithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral di | Certification: T | 27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pending | 28e. Date of Inju (Month, De | iry : | 28b. Time of Injury | 28c. Inju | | T | how injury occur | | |
| l or Attending after death. Director: After d in by the fune | Ca | 2 Accident investigation 3 Suicide 6 Could not be | | 4.1 | | | 143 20110 | 00(1 | | | |
| or Attendate date of Director: | ŧ | 4 ☐ Homicida datarmined | 286. Piece of Inj building, et | ury - At hor c. <i>(Specify)</i> | ne, ferm, street, f | ectory, office | | | 'Street and Num! wn, State) | er or Hurai H | toute Number, |
| le sa le | | | | | | | | | | | |
| To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune | edical | 29e. Certifier (Check only one) Certifying Pt 2 Medical Example (Check only one) | ysician: To the best of niner: On the basis of end menner ste | f examinetic | ledge, deeth occ on end/or Investig | urred et the tig jetion, in my c | ne, dete end plece pinion, daath occ | e, end due to the urred at tha tima, | ceuse(s) and me data and place, | anner es stete and due to th | ed. ne cause(s) |
| thin a plant | Mec | 29b. Signeture end title of certifier | Ond mainer st | | | 29c. Licens | e number | | 29d. Date signe | d (Month Do | av Vaari |
| F ¥ F 8 | - | A COMPANY OF CONTROL O | 1/2 | | Design of the | EGO. EIGOIS | - Humber | | Lou. Date signe | Charlest De | 9, 100/ |
| 6 | | Mulyn | ven | un | y MU | D 357 | 91 | | May 13, | 1997 | |
| | | 30. Name and address of person who | completed cause of d | leeth (item | 231) (Type, Print | | | | | | |
| | | Merlyn K. Vemury | . M.D. 98 | 301 G | eorgia A | venue | Silver | Spring M | farvland | 2090 | 12 |
| St | ate | 31. Date filed (Month, Dey, Year) | 32. Begistr | ar's/Signat | 18 Aanda | 2 | 211401 | - h - +112) [| LAL J LUIIU | 2070 | - |
| Regist | | MAY 1613 | 5/ | L INCOTO | 000 | -30 | | | | | |

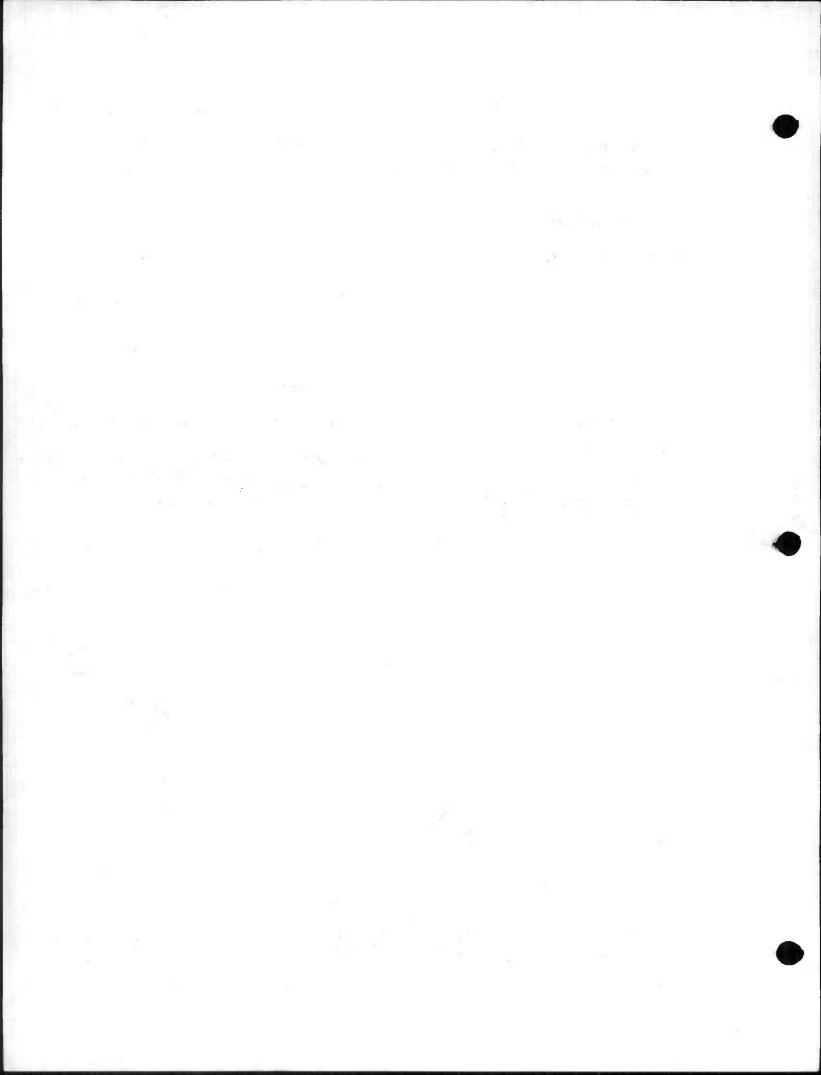
| Physician Medical Examiner Suburban Hospital Social Security Member of not institution, give street and number) Suburban Hospital Social Security Member of not institution, give street and number) Suburban Hospital Social Security Member of not institution, give street and number) Suburban Hospital Social Security Member of not institution, give street and number) Suburban Hospital Social Security Member of not institution, give street and number) Suburban Hospital Social Security Member of not institution, give street and number) Suburban Hospital Social Security Member of not institution, give street and number) Social Security Member of number of num | Depertment of Health and Mantal Hygiena. Important: If Item 27 is merked other than "natural", or items 23a or 28a-f show any injury or other traumetic event, the Medical Examinat must be notified at once. To Be Completed by Funeral Director | 4a. Fecility Name (If not Suburban Hi 5. Social Sacurity Numb 220-70-836. Usual Rasidance of Dac 10a. Stata 10b. MD 1 10e. Street and Number 4890 Bat 1 11. Meritel Stetus 1 Navar Marriad 3 Widowed 4 1 (Specify of Elamantary/Secondar 12 17. Father's Nama (First Angel Lice 19a. Informant's Name/Miss Nild. 20a. Mathod of Dispositi 1 Navar Marriad 20a. Mathod of Dispositi 1 Navar Marriad 20a. Mathod of Dispositi 1 Navar Marriad 20a. Mathod of Dispositi 1 Navar Miss Nild. 20a. Mathod of Dispositi 1 Navar Marriad 20a. Part 1 Edward Marriad 1 Navar Marriad 1 Navar Marriad 20a. Part 1 Edward Marriad 1 Navar M | tinstitution, given to the control of the county to the county tha | mery 12. Wes Dec Armed Fr. 1 Yas, Gi Year or De Collaga (t) (Type, Print) Opez Ramoval from (ft) nsaa | rmber) 7. Aga (In yrs. 10c. Ci ledant Ever in Leda | Acc 19b. Mail 4890 Plece of Disperemently, creater of the Do not an | Months cocation sda 10f. Zip 2 Was Decectif Yas, spect if Yas, spect if Yas, spect of Months Battosition (Ner metrory or or 2. Nama an Cranci 600 Un tar tha mod | o Coda O814 dent of His cify Cubar 2 No ai Occupa wk done di se retired) nt ery I me of other piece en Ce ad Addrass LS J. niver den of dying | Bethese If Under 24 Hr Hours Min spanic Origin? (in, Maxicen, Puer Specify: Cu tion uring most of wa 18. Mother's Na Maria and Number or Fi Lane, Be e) emetery sof Fecility Collin sity BI: | Specify Yes or to Ricen, atc.) Iban Specify Yes or to Ricen, atc.) Iban March Specify Yes or to Ricen, atc.) Iban wking ma (First, Midda Carmer ural Route Num thesda Data 1997 s Funer vd. W | Day Ac. County Mons Sirth Ac. County Mons 109, Year) 109, Citizan of USA No- 14. Rac Specifi 16b. Kind of B Private No. Malden Sumer Sanchez There, City or Town Silver Silver Silver | What Count 9. Birthpli 32 (What Count ce - Amarice ck, Whita, e y: Whi cusinass/ind Lindu ne) Count Coun | aca (State or Fore try) Cuba Od. Insida City Lim 1 |
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| Suburban Hospital Solval Sacrolly Number E. Save 20-70-8362 Change 10 more 20 more 10 | Depertment of Health and Mantal Hygiena. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show and injury or other traumatic event, the Medical Examinator must be notified at once. To Be Completed by Funeral Director | Suburban Ho 5. Social Sacurity Numb 220-70-836. Usual Rasidance of Dac 10a. Stata 10b MD 1 10e. Street and Number 4890 Bat 1 11. Meritel Stetus 1 Nevirel Stetus 1 N | Cospita. Deer 6. S. 2 cedent b. County Montgor r tery La 2 Married Divorced Decadent's Enry highest gra ry (0-12) st, Middle, Last, Opez //Ralationship (a P. Lo cition remation 3 C Othar (Specifi al Sarvice Licer isaasa, or com illura. List only | Sax 1 M 2 F mery ane 12. Wes Dec Armed Finger or Direction ade completed) Collaga (t) (Type, Print) Opez Ramoval from fy) nsaa | 7. Aga (In yrs. 10c. Ci 10c. Ci 20SNo va 20SNo va 20ta 2 3 Stata G Pala ausad tha daalaach line. | 65 Yrs. ity, Town or L Bethe J.S. 13. 16a. Dace (Give life). ACC 19b. Mail 4890 Plece of Disportermetery, create of L th. Do not an | Months cocation sda 10f. Zip 2 Was Decectif Yas, spect if Yas, spect if Yas, spect of Months Battosition (Ner metrory or or 2. Nama an Cranci 600 Un tar tha mod | o Coda O814 dent of His cify Cubar 2 No ai Occupa wk done di se retired) nt ery I me of other piece en Ce ad Addrass LS J. niver den of dying | Bethese If Under 24 Hr Hours Min spanic Origin? (in, Maxicen, Puer Specify: Cu tion uring most of wa 18. Mother's Na Maria and Number or Fi Lane, Be e) emetery sof Fecility Collin sity BI: | Boecify Yes or March Specify Yes or Mo Ricen, atc.) Iban In Carmer In Car | Montoley, Year) 10g. Citizan of USA No- 14. Rac Ble Specifi 16b. Kind of B Private No- 15e, Malden Sumer Sanchez No- 15e, City or Town Silver Silver Silver | What Count 9. Birthpli 32 (What Count ce - Amarice ck, Whita, e y: Whi cusinass/ind Lindu ne) Count Coun | aca (State or Fore try) Cuba Od. Insida City Lim 1 |
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| 27. Magner of Death 2 Accident 3 Suicide 4 Homicide 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury M 28c. Injury at Work? 1 Year 2 No 28d. Date of Injury occurred 28d. Date of Inj | tor, stor, | 25. Was cesa rafarred to | to medical | | | | | | 26. Place of De | eth (Check onh | | | |
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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| Funeral Director | | 5. Sociel Security Number 6. 214-06-1661 | | ge (In yrs | . last birth | Months Dev | | Hrs. 8. Dete of Bi Min. (Month, Di Jan. 2 | rth ey, Year) 26, 1922 | 9. Birthplace (S Country) Korea | State or Foreign |
| W 11 | - | Usual Residence of Decedent 10a. Stete 10b. County | | 10c. C | ity, Town | or Location | | | | 10d. Ins | ilde City Limits |
| d other than "natural", or flams 23s or 28s-f show event, the Medical Examiner must be notified at Be Completed by Funeral Director | 5 | Maryland Montgo | nery | Si | ilver | Spring | | | | 10 | Yes 2 No |
| o not | | 10e. Street and Number | | | | 10f. Zip Code | | | 10g. Citizen of | What Country? | |
| a la | | 13313 Burkhart | Street | | | 209 | 04 | | Kore | a | |
| by Funeral Director | 2 | 11. Marital Status 1 □ Never Merried 2 □ Merried 3 ☑ Widowed 4 □ Divorced | 12. Was Deceden Armed Forces 1 Yes 2 If Yes, Give Yeer or Detes: | No | J,S. | 13. Wes Decedent of If Yes, specify C | | ? (Specify Yes or No uerto Rican, etc.) | 14. Ra Bie Specii | ce - American Ind eck, White, etc. | ien, |
| Completed | 200 | 15. Decedent's (Specify only highest g | rade completed) | E.) | 16e. C | ecedent's Usuel Occ Give kind of work do ife. DO NOT use ret | cupetion ne during most of ired) | working | 16b. Kind of B | Business/Industry | |
| E OS | | Elementery/Secondary (0-12) | College (1-4or | 3+) | | Homema | ker | | Own | Home | |
| Be | 3 | 17. Father's Neme (First, Middle, Les | t) | | | | | Name (First, Middle | , Maiden Sumer | me) | |
| 2 | 2 | Unknown 19e. Informent's Name/Reletionship | Chara China) | | 405.4 | 4-11 | Unkn | | | | |
| 5 5 | | Dong Suk Lee | (Type, Phnt) | | | Mailing Address <i>(Stre</i> 13 Burkha: | | | | | |
| To Tours Traumatic | 1 | 20a. Method of Disposition | | 20b. | Plece of D | isposition (Neme of | | Dete | | - City or Town, St | |
| 5 | | 1 ☑ Buriai 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spec | | 9 | | F Heaven C | | 5/9/97 | Silver | Spring, | Marylan |
| any injury | | Signeture of Famoral Service Lice Service Lice | Tues |) ed the dee | th. Do no | 11800 N Silver | ew Hamps Spring, | Hines-Rin hire Aven Maryland dlec or respiretory o | ue 20904 | | me eximete al Between |
| es the burial-transit and leading the burial-transit and leading Examiner | | Immediete Ceuse (Finet disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or trijury that initiated events resulting in deeth) Lest | · Cener | Due to (| or es,e co | nsequence of): | Ace 12 | let sum | Prosen | Onsel 71 84 4 | end Deeth ve ty |
| | | | d | | | | | | | | |
| hysicia | 1 | Pert II. Other significant conditione | contributing to death I | but not res | sulting in t | he underlying ceuse | given in Pert I. | 23b. Did | tobacco uee co | ontributa to the ca | use of death? |
| by Physician/N | | | | | | | | | Yes 2010 | 3 Probably | 4 □ Unknown |
| Completed by P | | | | | | | | | en eutopsy ormed? | 24b. Were eut aveilable compietio of deeth? | |
| ^ဂ | | | | | | | | 10 | Yes 200 | 1 ☐ Yes | 2□ No |
| Be | | 25. Wes case referred to medical examiner? | Hospital: | | , | 1/ | | Deeth (Check only | one) | | |
| To Be | - | 1 Yes 2 No 27. Menner of Deeth | 1 ☐ Inpati | | ER/Outp | etient 3L DOA | | g Home 5 Reside | dence 6 Oth | | |
| tion | | Naturel 5 Pending investigation | (Month, De | ey Year) | inj | Iry V | ork? □ Yes 2 □ No | 200. 2000100 | now unary cook | | |
| Certification: | | 3 Suicide 6 Coutd not determine | | jury - At h tc. (Speci | ome, farm | street, factory, office | e | 28f. Location (City or To | | ber or Rural Route | Number, |
| completely filled in by the Medical Certific | | 29e. Certifier (Check only one) Certifying P | hyeician: To the best miner: On the bests of end manner s | of examine | wiedge, o | leeth occurred et the or investigation, in m | time, dete end pt opinion, deeth o | ece, end due to the courred et the time, | cause(s) end m date end ptece, | enner es steted. and due to the ca | use(s) |
| Me | | 29b. Signature and title of certifier | | | 17 | 29c. Lice | nse number | | 29d. Dete signe | ed (Month, Dey, Y | ear) |
| 6 | | Wille | UE | and the | 51 | 11/1 | 332 | -61 | Mari | 7 199 | 7 |
| | 1 | 30. Neme end eddress of person who | completed cause of | deeth (Iter | 7 23a) (T | /pe, Print) Wi | lliam Do | ooley, M. | D. 7 | 111 | |
| | | Strady Grove! | Adventis | 1/10 | tosa | | | l Center | | ckville, | MD20850 |
| State Registrar | 1 | 31. Dete filed (Month, Dey, Yeer) MAY 12 19 | 32. Régist | rer's Sign | eture | andelle | | | | | |

DHMH 16 Rev 6/95

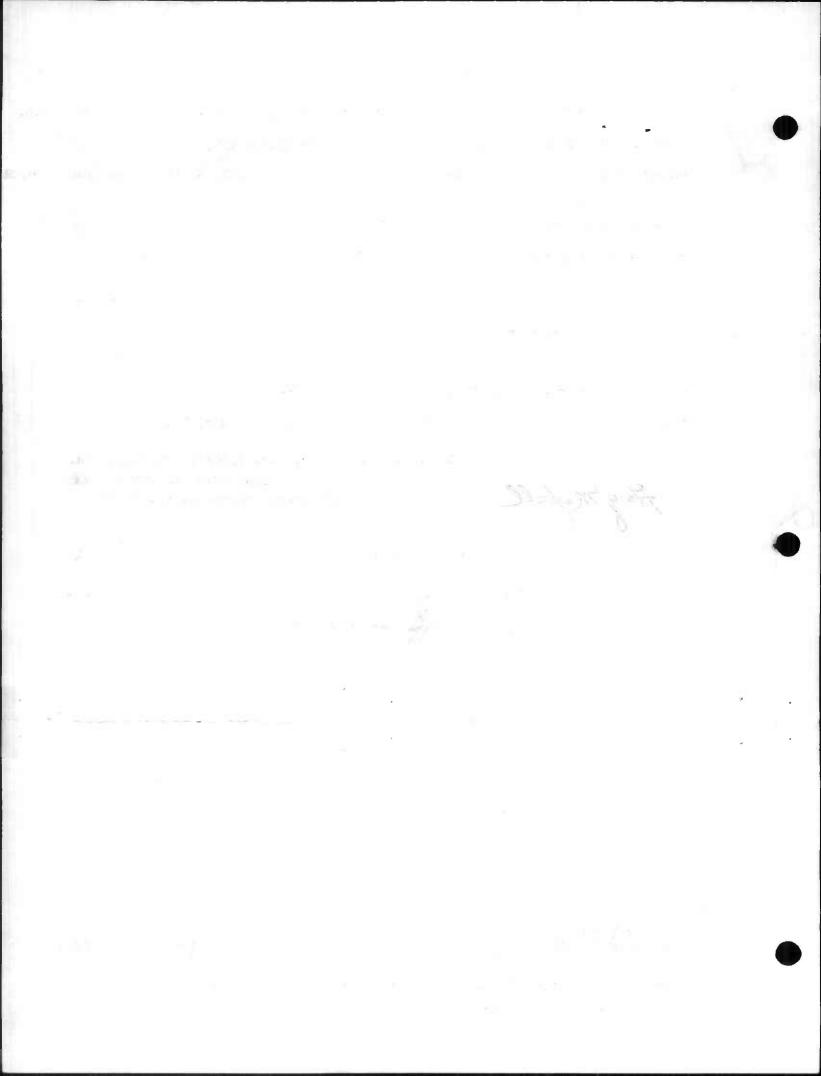


State of Maryland / Department of Health and Mental Hygiene 0.7

| | | | | | | Ce | rtificate of | Death | | Reg. No. | 1 | 601 | 31 |
|-------------|--|----------------|---|--|----------------------|------------------------|---|---|-------------------------------------|--------------------------------|--|--|-----------------|
| | Dharata | • | 1. Decadant's Name (First, Middle, Li | ast) | | | - 4 | | 2. Date of D Month | eath | Veer | 3. Tima | of Death |
| | Physic /Medi | | GEORGE WAL'I | ER | | MCC | οy, Jr. | MC | MAY | Day 21,1997 | Yeer | 1:1 | 0 a.m |
| | Exami | | 4a. Facility Nema (If not institution, git | ve street and numbe | or) | | -17 | 4b. City, Town, or | | | nty of Death | | C. C. A.III. |
| | | | THE JOHNS HOPKI | NS HOSPIT | AL | | | BALTIMO | RE CITY | | | | |
| | Funeral | | | Sax 7. A | | last birthday, Yrs. | If Undar 1 Yea Months Days | r If Undar 24 Hrs | 8. Date of B | irth Pay, Year) | Coun | itry) | e or Foreign |
| | Director | | Usual Rasidance of Decedent | | 88 | 113. | | | July 4 | , 1908 | San | Franc | :isco, |
| | wo | | 10a. Stata 10b. County | | 10c. Cit | ty, Town or L | ocation | | | - | 1 | 0d. Inside | Clty Limits |
| | Mary | ţ | Maryland Montgon | erv | 311 | ver Sp | ring | | | | | 1 🗆 Ya | as 2 No |
| | r 28s | Director | 10e. Street end Number | | | .vci bj | 10f. Zip Coda | | | 10g. Citizan o | of Whet Coun | itry? | |
| | h with | | 3103 Farnborough | Court | | | 20906 | | | U.S.A. | | | |
| 21215-0020 | be filed within 72 hours after deeth with the Maryland niel Hygiene. Id other than "natural", or Items 23a or 28a-f show event, the Medical Exemines must be notified at | by Funeral | 11. Marital Stetus 1 ☐ Nevar Married 2 ☐ Married 3 ☐ Moldowed 4 ☐ Divorced | 12. Was Deceder Armed Forcas 12 Yes 2 I If Yas, Giva Yaar or Detas | s?] No | ,S. 13. | Was Dacedent of If Yas, specify Cu 1 ☐ Yas 2 No | Hispanic Origin? (5 ban, Mexican, Puer Specify: | Specify Yas or N to Rican, atc.) | | ace - Amaric lack, Whita, city: Wh | | |
| 5-0 | 72 hc netur |) te | 15. Decedent's E (Specify only highest gr | ducetion | | 16e. Dece | dant's Usual Occu | upation e during most of wo | rkina | 16b. Kind of | Business/Ind | dustry | |
| 121 | within ene. than " | Completed | Elementery/Secondery (0-12) | Collage (1-4o | r 5+) | life. | DO NOT use retir | ed) | n King | | | | |
| | Hygier Hygier Wher th | ပိ | | 7 | | Ret. | Colonel | | | U.S. | | | |
| Maryland | should be filed and Mentel Hygi marked other imatic event, i | Be | 17. Fathar's Nama (First, Middle, Last | | | | | 18. Mofhar's Na | ma (First, Middle | e, Maiden Sum | am <i>e)</i> | | |
| ž | s 1 end 2 should f Haalth and Men itam 27 is marke other traumatic | 10 | George Walter McC | | M.D. | T | | Edith M | | | | | |
| Ma | | | 19a. Informant's Name/Relationship | Type, Print) | | | | et and Number or R | | | | Code) | |
| e, | Haalt Haalt Am 2 | | Ruth Crowley 20a. Mathod of Disposition | | 20h F | | Amnerst Osition (Name of | Drive M | anassas, | 20c. Location | | um Stata | |
| nor | ages of of | | 1 ☐ Burial 2 ☐ ramation 3 [| | a | cemetery, cre | matory or other pl | | | | 1 | | |
| Baltimore, | it. P. | | 4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice | | The | | | iter, Inc | | | rling, | | |
| Ba | permit. Pages 1 end 2 Department of Haalth a Important: If item 27 Is eny injury or other trau | | 21 6 | 1 00 | | | 2. Nama and Addi | | LASIUS-I | | | | 2 |
| _ | | | Hary May | well_ | | | | Street | | | 20110 | | |
| | Physician | | 23a. Pirt1. Entar the disaasa, or com shock, or heart failura. List only | ona causa on aach | ad tha deat line. | h. Do nof an | tar tha moda of dy | /Ing, such es cardia | c or raspiratory | arrast, | | Approxim Interval B Onset an | atween |
| ž. | /Medicai | | Immediata Causa (Final | | | | | | | | | | |
| | Examiner | | disaasa or condition resulting in daath) | a. RESPIR | | | LURE | | | | i | 1 WE | EK |
| | | ē | | DNEIMO | | or es a consa | quance or): | | | | | 0 | |
| | cuted | Examiner | Sequentially list conditions | b. PNEUMO | | or as a consec | quence of): | | | | | 3 WE | EKS |
| o | aath certificate be axecuted attanding physician end for use as the burial-transit | EX | Sequantially list conditions, if any, laading to immadiate ceuse. Enter Undarlying Causa (Disease or injury | APDOMI | | | ANEURYS | A DEDATE | | | | | |
| 68760, | ate be nysici | edical | Causa (Disease or injury fhat Initiated events resulting In death) Lest | c. ADDOM1 | | r as a consec | | 1 KEPAIK | | | | | |
| 39 x | ng pt | Мес | resulting in death) Lest | | | | | | | | İ | | |
| Bo | ith ce trandi | an | | d | | | | | | | 1 | | |
| | requires thet the death been signed by the atter hould be detached for u | Physician/ | Pert II. Other significant conditions | contributing to death | but not ras | ulting In the u | inderlying ceùsa g | ivan In Part I. | 23b. Did | tobacco use o | contribute to | the caus | e of death? |
| P.0 | thet the da ed by the a detached | F. | | | | | | | 1 | Yes 2 No | 3 Prot | pably 4 | Unknow |
| JS, | ires the signed d be de | b | | | | | | | - | | 1 | | - |
| Records, | v require been si should | Completed | | | | | , | | | s an autopsy formed? | avi | ara autops ailabla prio mpletion o | or to |
| Sec | 2 8 2 | du | | | | | | | | | | daeth? | Couse |
| | The ate | S | | | | | | | 10 | Yas 2 No | 1 🗆 | Yas 2 | No No |
| Vital | ilcian: The certificate rector, pag | Be | 25. Was cese rafarrad to medical examinar? | Hamital | | | | | eth (Check only | one) | | | |
| ot | Physician: r this certific ral director, | T0 | 1 Yas 2 No | | | ER/Outpatie | II 3LI DOA | | loma 5 ☐ Ras | | | 1) | |
| L | Ing F | lon | 27. Manner of Daath 1 X Natural 5 □ Panding | 28a. Dete of In (Month, D | ay Year) | 28b. Tima o Injury | We | | 28d. Dascribe | how injury occ | urrad | | |
| S | Attanding or death. | Icat | 2 ☐ Accidant investigatio 3 ☐ Suicida 6 ☐ Could not b | e one Diese of I | nium. Astr | (| |]Yas 2□No | ON Lastina | (Change and Alice | | 10- 4-11 | |
| Division of | f or Attanding after death. Director: After d in by the fune | Certification: | 4 Homicida determined | building, a | atc. (Specif | y) | reet, fectory, office | | | (Street and Nur own, State) | n <i>oer</i> or Hura | i Houte No | ım <i>ber</i> , |
| | To the Hospital or Attanding Physician: within 24 hours after death. To the Funeral Director: After this certific complataly filled in by the funeral director. | edical C | 29e. Cartifiar 17 Cartifying Pt | ysician: To tha besi | t of my kno | wladge, deetl | h occurred at the t | ime, dete and place | e, end due to the | ceuse(s) end | menner es st | ated. | (a) |
| | the hin 2, the published | Medi | G/IO/ | and mannar s | stated. | | | | anou at the time | | | | |
| | To Wit | - | 29b. Signetura and title of certifier | | | | 29c. Licen | ise number | | 29d. Data sigr | | | |
| | | | 110 | are | ne | | RES- | -000 | | Mar | 721 | 199- |] |
| | 75 | | 30. Name end addrass of person who | | | | | | | | | | |
| _ | 0 | | JOHNS HOPKINS H | OSPITAL, | 600 | N.WOLI | E STREET | , BALTI | MORE , 1 | D. 212 | 87 | | |

Registrar

DHMH 16 Rev 6/95



| | 4 Decedently | Aller of the Add Add Add Add Add Add Add Add Add Ad | -41 | | | The second second | | |
|--------|--------------|---|----------|---------|---|-------------------|-----|-----|
| MORGAN | Items;23part | I,27,28a-f | per MEO | G-748 | "Certificate of Death | Reg. No. | | |
| MODEAN | | | | , | 6/6/97 reh | , , | 21 | 100 |
| PATRIC | K ARNOLD | | State of | Marylan | d / Department of Health and 6 / 6 certificate of Death | Mental Hygiene | 0.7 | 165 |

Physician /Medical 1. Decedent's Name (First, Middle, Last) Patrick Arnold

Morgan

2. Dete of Deeth Month

3. Time of Deeth

9:00 AM.

Examiner

4e. Facility Neme (If not institution, give street end number) 27045 LAUREL GROVE RD. 4b. City, Town, or Location of Deeth

21, 1997 MAY

4c. County of Deeth Mary's

Funeral Director

"natural", or items 23a or 28a-f show

the Medical

I Hyglene.

Peges 1 and 2 should be nent of Health and Mental

of Health Item 27

other

= 6 permit. Pege Depertment of Important: If any injury or

Physician /Medical

Examiner

The law requires that the death certificate be executed

Box 68760.

o

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Records,

of Vital

Division

buniel-trensit

the

98 for use

signed by the e

page 2 should

certificate

this funerai

After

pue

physician

marked other traumatic event.

the Manylend

filed within 72 hours efter

21215-0020

Baltimore, Maryland

219-72-5190 Usual Residence of Decedent 10a. Stete 10b. County

5. Sociel Security Number

10c. City, Town or Location

Yrs.

7. Age (In yrs. lest birthday)

39

MECHANICSVILLE Hours Min. 8. Date of Birth (Month, Dey, Year)

 Birthplece (State or Foreign Country) 1957 Maryland

Funeral

þ

Completed

Be

10

Examiner

Physician/Medical

Be Completed by

Certification: To

Medicai

Maryland St. Mary's

Mechanicsville

10d. Inside City Limits 1 TYes 2 TNo

Directo 10e. Street end Number

27045 Laurel Grove Road

10f. Zip Code 20659

If Under 1 Year

Deys

10g. Citizen of Whet Country? U.S.A.

St.

1 Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Dates:

 Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 No Specify:

 Race - American indien, Black, White, etc. Specify: White

15. Decedent's Education (Specify only highest grade completed)

16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry

5 Elementary/Secondery (0-12)

College (1-4or 5+)

125M 2□ F

Disabled

N/A 18. Mother's Neme (First, Middle, Maiden Surneme)
Lola Elizabeth

17. Fether's Name (First, Middle, Last) Ernest

William

Morgan

Tippett

19e. Informent's Neme/Relationship (Type, Print)

Rose Anna Hall/Grandmother

27045 Laurel Grove Rd., Mechanicsville, MD 20659

20c. Location - City or Town, Stete

20e. Method of Disposition

1 Suriai 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify)

20b. Plece of Disposition (Neme of cemetery, crematory or other place) Joseph Cemetery

5/24/97 Morganza, MD

21. Signature of Funerel Service License

P.O. Box 270, Leonardtown, Maryland

23a. Pert1 Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart feiture. List only one cause on each line.

22. Name end Address of Facility Mattingley-Gardiner Funeral Home, P.A. 20650

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

Approximete intervei Between Onset end Deeth

immediete Ceuse (Final disease or condition resulting in death)

MIXED DRUG INTOXICATION

Due to (or es e consequence of)

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest

Due to (or es e consequence of):

Due to (or es e consequence of):

unknown

28e. Piece of injury - At home, farm, street, factory, office building, etc. (Specify)

Pert Ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the causs of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24e. Wes en eutopsy performed?

24b. Were eutopsy findings eveileble prior to completion of cause of deeth?

2 No 26. Piece of Deeth (Check only one)

2 No

25. Wes cese referred to medical iX Yes 2 No 27. Menner of Death

1 Neturei

3 Kuicide

4 Homicide

Accident

5 Pending

Investigation

6 Could not be determined

Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury F () (Mp) (th, Dey Year) 28b. Time of

5/21/97

Home

28c. injury et Work? 1 ☐ Yes R No

Other: 4 Nurstrig Home 5 Nesidence 6 Other (Specify) 28d. Describe how injury occurred

Subject ingested drugs

Rd 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 27045 Laurel Grove Mechanicsville, Md.

29a. Certifier

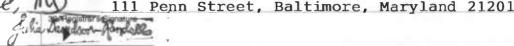
1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated. Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated.

29b. SM and title of certifier 29c. License number O.C.M.E. 29d. Dete signed (Month, Day, Year) MAY 22, 1997

30. Neme end eddress of person who completed cause of deeth (item 23a) (Type, Print)

ARON Locke 31. Dete filed (Month, Dey, Year)

0 2 199



or Attending Physician: efter deeth. In by 24 hours e Hospital within 2 To the I å,

> State Registrar

| | | | | | f Maryla | | ertificate o | | | Reg. No. | 97 | 6533 |
|------------|--|----------------|--|---------------------------|--|---------------------------------|--|--|---|------------------------------------|--------------------------------------|---|
| | Physic /Medi | | 1. Decedent's Neme (First, Middle, I | С. | | MEL | SON | | 2. Deta of De Month | 8,1 | 997 | 10940 |
| | Exami | ner | 4e. Facility Neme (If not institution, g PENINSULA REGI | | | TE NUTE D | | | or Location of Deatl | | | |
| _ | | | | Sex MEI | | ENIEK s. lest birthday |) If Under 1 Ye | | SBURY | | COMICO | Ctata or Fareign |
| | Funeral Director | | 216-01-5344 | 1 □ M 2 🗓 F | 7. Age (Al yr. | 84 Yrs. | Months Dey | | | y, Year) 1912 | Country) MARYLA | Steta or Foreign |
| | pug ≱_ | | Usuel Residence of Decedant 10e. Stete 10b. County | | 10c, C | City, Town or L | ocation | | | | 10d In | side City Limits |
| | the Marylar 28a-f show | 5 | 70.535 | CHED | | | | | | | | ☐Yes 2ĬĬNo |
| | the 1 | Director | MARYLAND WORCE 10e. Street and Number | SIEK | | SHOWEL | 10f. Zip Code | | | 10g. Citizen of N | What Country? | |
| | th with 23a or | | | | | | | | | | viiet Country i | |
| | ns 23 | era | 11906 WORCESTER | 12. Was Dec | | U.S. 13. | | 1862 | (Specify Yas or No | USA 14. Bac | a - Amarican Inc | tian. |
| 21215-0020 | within 72 hours after death with the Maryland ens. than "naturel", or items 23s or 28s-f show he Medical Examiner must be notified at | by Funeral | 1 Nevar Married 2 Married 3 Widowed 4 Divorced | Armed Fo | rcas? 2 📉 No /e | | ff Yes, specify C 1 ☐ Yes 2 ☒ N | | (Specify Yas or No arto Rican, etc.) | Blac Specify | ck, Whita, atc. | , |
| 9 | "naturel", | | 15. Decedent's | | | 16a. Dece | edent's Usuel Occ | cupation | | 16b. Kind of B | usiness/industry | |
| 215 | d within 72 h piana. r than "natu pre Medical | Completed | (Specify only highest g Elementery/Secondery (0-12) | rade completed) College (| -4or 5.1) | (Giv | a kind of work dor DO NOT use ret | cupation ne <i>during most of</i> и <i>ired)</i> | vorking | | , | |
| 21 | | E | 8 | College (| 1-401 5+) | СН | ICKEN VA | CCINATOR | | POU | LTRY | |
| b | 0 = 0 5 | Bec | 17. Fether's Name (First, Middle, La | st) | | | | | eme (First, Middle, | | | |
| /lai | should be nd Mantal marked o | To | CHARLES W. BAK | ER | | | | SARAH | CATHERIN | E LEWI | S | |
| Maryland | 2 should I and Man is marks | | 19e. Informent's Neme/Reletionship | (Type, Print) | | 19b. Mei | ling Address (Stre | et end Number or | Rurei Route Numb | er, City or Town, | Stele, Zip Code |) |
| | C = 0 - | | LAURA A. NELSON/ | DAUGHTER | | P.O. | BOX 44. | SHOWELL | MARYLAN | D 21862 | | |
| ore | 5 7 5 0 | | 20e. Method of Disposition | | 20b. | Plece of Disp | osition (Neme of | | Dete | | City or Town, S | tete |
| Ĕ | | | 1 ☑ Burial 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec | | | NE CEM | | | 5/12/97 | GIMBORO | , DELAWA | ARE |
| Baltimore, | 2555 | | 21. Signetura of Funeral Servica Lic | ensee / | _ | | 22. Name and Add | drass of Facility | | | , | |
| m | Depar Impor any ir | | D 1911. 0 1 | 1 2/ | De | п | ASTINCS | EIIMEDAI I | HOME, SEL | DVUTITE | DET ALL | ADE 1007 |
| | Physician /Medical Examiner | Examiner | 23a. Pert 1. Enter tha disease for co shock, or heert fellure. List on Immediete Ceuse (Finel disease or condition rasulting in deeth) | e | Few Bone to | (or es e conse | equence of): | | infac | | Onse | oximete vel Between st and Deeth Clary S |
| -6 | al-tra | Xal | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury | | Due to | (or es a conse | quence of): | | | | į | |
| 68760, | cata be axecuted physician and the bunal-transit | dical | Cause. Enter Underlying Cause (Diseasa or Injury that initiated events | c | -0.0 | | | | | | | |
| 89 | | | resulting In death) Last | | Due to | or as a conse | quence of): | | | | | |
| Box | eath certifi attanding I for usa as | Z | | d | | | | | | | | |
| Ď | death certifi a attanding od for usa a | Physician/M | Part II. Other significant conditions | contribution to de | noth but not re | culting in the | undarhilan anuan | chies is Dart I | ooh Did | lahanan usa na | ntribute to the o | auga of death? |
| 0 | tha y th | hys | t art ii. Other eignmount conditiona | contributing to de | Matti Dut HOL IO | Suiting in the | underlying cause | givair in Fait i. | | | | 4⊠ Unknown |
| S, | es that igned t | by P | | | | | | | _ '' | 105 2LINU | 3 Trobably | 4)A OHAHOWII |
| rdis | requires that seen signed be hould be dete | | | | | | | | | en eutopsy | 24b. Wara au | |
| Record | | Completed | | | | | | | perto | rmed? | eveilable completi of death: | on of cause |
| Re | The law ata has t page 2 s | E | | | | | | | 10 | Yes 2 No | | 2 □ No |
| Viital | | | 25. Wes case referred to medical | | | | | Of Place of D | eeth (Check only o | | 1 1 163 | 20140 |
| > | Physician: this cartific ral director, | o Be | examiner? 1 Yes 25 No | Hospitel: | npatient 2[| ☐ ER/Outpetle | ent 3 DOA | Other | Homa 5 Resi | | or (Consibil | |
| of | | Ë | 27. Manner of Deeth | 28e. Dete | of Injury | 28b. Time | NIK SELDON | 4 Co indianing | 1 | how Injury occur | | |
| o | Attending I r death. ector: After by the funar | atlo | 1 Seaturel 5 ☐ Pending 2 ☐ Accident investigati | | h, Dey Year) | Injury | | Vork? ☐ Yes 2 ☐ No | | | | |
| Division | 2 # 5 E | Certification: | 3 Suicide 6 Could not determine | d 28e. Piece | of Injury - At Ing., etc. (Spec | | treet, fectory, office | > 8 | 28f. Location (City or Tou | Street end Numb wn, Stete) | oer or Rural Rout | e Number, |
| | To the Hospital or Attent within 24 hours aftar daat To the Funeral Director: completaly filled in by the | edical | 29a. Certifiar (Check only one) | miner: On the be | best of my kn asis of examin her stated. | owledge, dee etion end/or li | th occurred et the nvestigetion, in m | time, dete end ple y opinion, deeth oc | ca, end due to the curred et the time, | cause(s) end me date end place, | enner as steted. end due to the c | ause(s) |
| | To the To the Com | Σ | 29b. Signature and title of certifiar | 111 | 0 | | 29c. Lica | nsa number | | 29d. Data signe | d (Month, Day,) | (aar) |
| | | | blu h | -140 | Xea | | D | 25 2 | 39 | MAY 8 | 1 1991 | |
| | | | 30. Neme and eddress of person who | completed caus | e of deeth (Ite | m 23e) (Type | , Print) | | , | | , , , | |
| | | | NOTER MCL | EAK . 1 | 7.0. | 06 m | KEOVO. | ST. SA4. | stery, m | 2/80, | / | |
| | Sta | te | 31. Dete filed (Month Day, Year) | 997 | A WAR | able Rand | MENTO. | | 1 | | | |

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| DIVISION OF VITAL RECORDS, P.O. BOX 68760 | L OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending phy |
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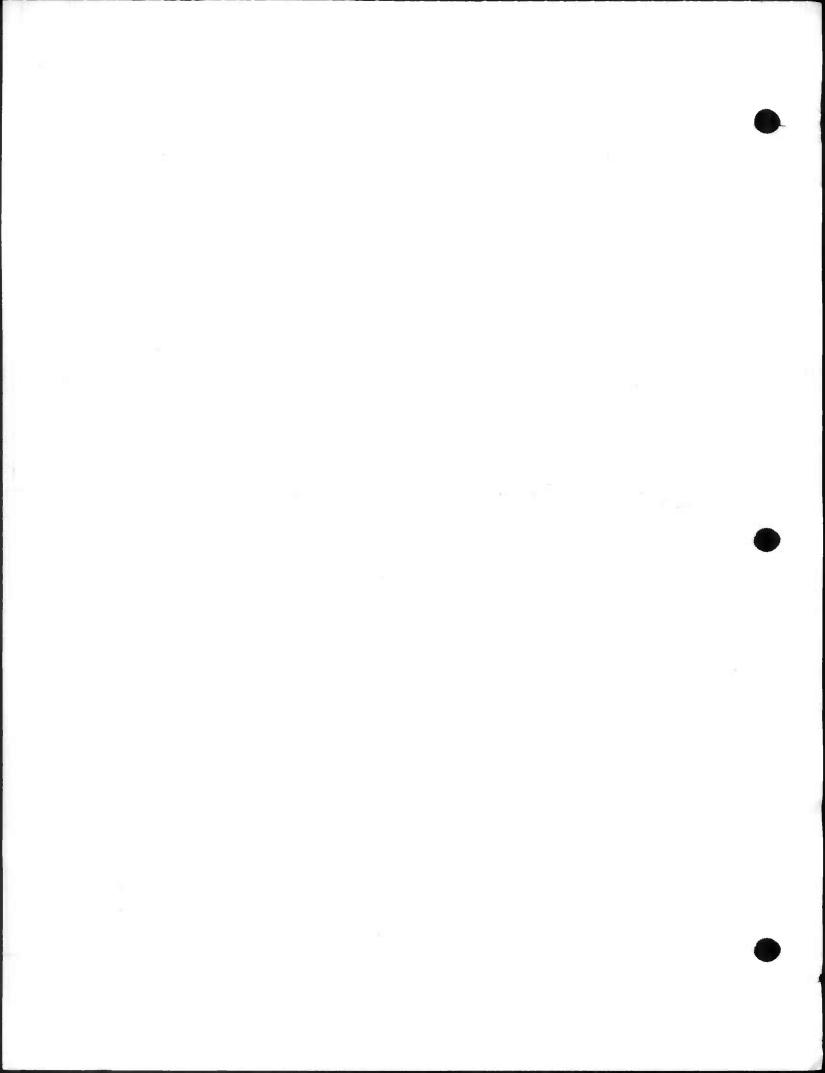
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 20 ysician.

| STATE OF MARYLAND / DEPARTMENT OF HEALTH AND | MENTAL HYGIENE |
|--|----------------|
| CERTIFICATE OF DEATH | REG. NO. |

| | 1 - FOR STATE REGISTRAR | | STATE OF MA | | / DEPAR | | | | | TENTAL | HYGIEN REG. NO | | , | 100 | 0 4 |
|------------------|--|-------------------------------------|--|------------|------------------------------------|--------------|----------|--------------------|---|--------------------------------|---------------------------------|-----------------|------------------|-----------------------------------|--------|
| | 1. DECEDENT'S NAME (First, I | | | | | | | | DATE OF DEATH 3, TIME O | | | | EATN | | |
| - 10 | CLYDE TH | SON | | M | | | | | 17 | | 97 | 11:10 |) D. MI | | |
| 15 | 4. SOCIAL SECURITY NUMBE | . AGE (In yrs. | s. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. | | | | | May 17 19 | | | | HPLACE (State o | | | |
| | 218 36 669 | 56 | YRS. | | DAYS | HOURS | | (Month, Day, Year) | | | | apolis, | - | | |
| œ | 9a. FACILITY NAME (If not inst | | t and number) | | | _ | | R LOCATIO | ON OF DEA | ATH | | | NTY OF E | | |
| 6 | 400 Del Rhodes Queenstown Queen Ann | | | | | | | | | | anne s | | | | |
| H H | 10e. STATE | 10c. CIT | Y, TOWN OR | LOCAT | ION | | | | | | 10d, INSIDE C | ITY | | | |
| FUNERAL DIRECTOR | Maryland | | | Quee | enst | own | | | | LIMITS? | ¥ NO | | | | |
| RAL | 100. STREET AND NUMBER 101. ZIP CODE | | | | | | | | | | | WHAT COUNTRY | 7 | | |
| N | 400 Del Rho | EVER IN U.S. | 401450 | 40.00 | | 2165 | | | | | SA | | | | |
| | 1 Never Married 2 N | | FORCES? 1 | YES 2 | NO | 18 | yes, spe | ecify Cuber | n, Mexicen, | , Puerto A | (Specify Yes lcan, atc.) | or No— | 14. RACI Blac | E — American II k, White, atc. | idlan, |
| B | 3 Wildowed 4 N Divorce | ed | IF YES, GIVE WAF | OR DATES | | 1 | YES | 2 NO | Specify: | | | | Spec | white | e |
| | 15. DECEI | DENT'S EDUCATI highest grade con | ION poletodi | 16a. | DECEDENT'S | | | | | 16b. | KIND OF BUS | SINESS/INC | USTRY | | |
| COMPLETED | Elementary/Secondary (0-1 | | College (1-4 or 5+) | | (Give kind of a life. Do NOT us | se retired.) | nny mo: | SI OF WORKIN | 9 | | | | | | |
| MP | 8 | | | [p: | ressma | ın | | | _ | | ewspa | | | | |
| | 17. FATHER'S NAME (First, Mid Raymond Lero | | oreon S | ~ | | | | | | | beth : | | 0.0 | | |
| 띪 | 19a. INFORMANT'S NAME (Typ | | , 5 | · · | | | | | | | | - | | | |
| 임 | Thomas K. Mc | | n | | 196. MAILING | as # | | | | oute Numb | er, City or Tow | n, State, Zip | Code) | | |
| | 20a. METHOD OF DISPOSITIO | N . | | 20b. PLAC | | | | | | DATE | 20c LO | CATION - | City or To | wen State | |
| | 20s. METHOD OF DISPOSITION 1 Duriel 2 X Cremetion 3 Removal trom State 4 Donetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other piece) Metropolitan Crematory 5-19-97 Alexandria, VA | | | | | | | | | | | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rausch Funeral Home, P | | | | | | | | | | | D A | | | |
| | ► 1/11/100 | 2 23 | 42_ | _ | | 82 | 325 | M+ | Harm | | | | | MD 207 | |
| | 23. PART I. Enter the dis- | eaaas, Dr com | plications that o | aused tha | death. Do r | | | | | | | | - | | |
| | 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or heart failure. Unit of the provided interval Between images of the provided interval Between interval Betwee | | | | | | | | | | | Between | | | |
| | disease or condition CHRONC RENAL FALLURE | | | | | | | | | | | | | | |
| Ì | disease or condition resulting in death) a. CHRONC RENAL FAILURE DUE TO (OR AS A CONSEQUENCE OF): Z month | | | | | | | | | | | | 1 145 | | |
| Z | Sequentially that conditions to DIABETTES MELLITUS XV Yrs | | | | | | | | | | | | | | |
| | if any, leading to immediate | | | | | | | | | | | | | | |
| 2 | CAUSE (Disease Dr Injury Due TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | | | | | |
| CERTIFICATION | that initiated evanta resulting in death) LAST | | | | | | | | | | | | | | |
| CE | d | | | | | | | | | | | | | | |
| Ä | | | | | | | | | | | WERE AUTOPS | | | | |
| | PERINTERAL VITSCULAR DISCASE 1 YES 2 PMO OF | | | | | | | | OF DEATH? | F CAUSE | | | | | |
| Σ | | | | | | | | | | 1 YE\$ 2 6 | NO | | | | |
| AN | DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN D | | | | | | | | | | | | | | |
| PHYSICIAN: MEDIC | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lant 2 ER/Output lant 3 DOA 4 Nursing Home 5 Assidence 6 Other (Specify) | | | | | | | | | | | | | | |
| Ä | 27. MANNER OF DEATH | | 28a. DATE OF IN | JURY | 28b. TIM | E OF 2 | 8c. INJU | _ | | | | NJURY OC | CURED | | |
| 84 6 | 1 Natural 5 Pending (Month, Day, Year) | | | | | | WO | RK? 'ES 2 🗌 | | | Id. DESCRIBE HOW INJURY OCCURED | | | | |
| - H | 2 Accident Investigation 3 Suicide 8 Could not be 28s. PLACE OF INJURY — Ai home, term, street, tectory, office 28t. LOCATION (| | | | | | | TION (Street a | ION (Street and Number or Rural Route Number, | | | | | | |
| COMPLETED | | termined | Dollaring, atc | (apecity) | | | | | | City o | Town, State) | | | | |
| 7 | 294. CERTIFIER (Check only | YING PHYSICIAI | N: To the best of my | knowledge, | death occurre | d at the tim | e, data | and place, | and due to | o the caus | e(s) and men | ner sa stat | ed. | | |
| ∑ O | CERTIFIEN (Check only one) 1 CERTIFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. | | | | | | | | | | stated. | | | | |
| BE C | | | | | | | | | 29d. DATI | DATE SIGNED (Month, Day, Year) | | | | | |
| | 10 11 NOVERMS D41587 > 5/1 | | | | | | | | 19/9 | 7 | | | | | |
| - | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HELEN A. NOBLE MD 122 SPEER RD. CHESTERTOWN, MD | | | | | | | | | | | | | | |
| | 31. DATE FILED (MONTAGO: 120 1997 32. REGISTRAR'S SIGNATURE ROLL) | | | | | | | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene 97

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| 1. Decelerate Name (First Match Law) Fig. 1. Decelerate Name (First | | | | | | | Ce | rtificat | e of | Death | | R | eg. No. | , | 100 | 00 | | | |
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| ELIZABETH J. MILTO Representation for several residence of the control of the several residence of the color | | Physic | ian | | | | | | | | | ate of Deat | h | Vear | 3. Time o | of Death | | | |
| Final Processor Final Proc | | | | | | | | | | | Ma | ay | 19, 199 | | | | | | |
| Second Security Number Second Security Number Security Numbe | | Exami | ner | | The first of the f | | | | | | | | _ | | | | | | |
| Use She No. Chy Toes or Location Tool. Inside Cry Latinit Tool She Marrian Tool | Н | | | | | ne /In urs lasi | t hirthday | If Under | | | | | Sor | | 7:18 A.M ace (State or Foreign In) inia od. Inside City Limits 1 Yes 2 No only? an Indian, od. te ustry Code) 338 wn, Stete MD | | | | |
| 10.5 State 10.5 Charty 1 | L | | | 579-26-9039 | | | | | | Hours | Min. (A | fonth, Day, | Year) 1924 | Virg | country) | | | | |
| The state of the s | | Aaryland 1 show | or | 10a. State 10b. County | merset | 10c. City, T | | | Stat | cion | | | | | | | | | |
| The state of the s | 020 | vith the P | Direct | | | | | 10f. Zip | Code | | | | | | ntry? | | | | |
| The state of the s | | sath v | era | | | Free in 11.0 | 40 | W D | | | | | | | | | | | |
| The state of the s | | ours after derail, or item | by | 1 ☐ Never Merried 2 ☐ Marrie | Armed Forces'd 1 Tes 2 2 | ? | | | | | Puerto Rican | es or No- , etc.) | Bla | ck, White, | etc. | | | | |
| The state of the s | 1215-0 | within 72 he ena. than *natu | mpleted | (Specify only highest Elementery/Secondary (0-12) | grade completed) | 5+) | (Give life. | kind of wor DO NOT us | i Occup k done e retire | upation e during most of working red) | | | | | dustry | | | | |
| This Burial 2 Centeriors of 3 Therefore the Specify 1. Signature of Control Surphy Control 2. Signat | | Hygie ther t | | | | | Homer | naker | | 18 Mother's | Nama /Fire | t Middle A | | | | | | | |
| This Burial 2 Centeriors of 3 Therefore the Specify 1. Signature of Control Surphy Control 2. Signat | ylan | ould be Mental arked o | To Be | | | | | | | Vir | ginia | Raebi | ırn | | | | | | |
| This Burial 2 Centeriors of 3 Therefore the Specify 1. Signature of Control Surphy Control 2. Signat | | and 2 sh saith and 127 is m er traum | | 19e. Informant's Name/Reletionship (Type, Print) William E. Milto (Husband) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip P. O. Box 193 27964 Turpin Rd. Marion Station MD 216 | | | | | | | | | | | | | | | |
| Physician // Carbon for the contributing to death but not resulting in the underlying cause given in Pert I. Part Carbon for the contributing to death but not resulting in the underlying cause given in Pert I. | more | | | 1 X Buriai 2 ☐ Cremetion | | cem | etery, crei | metory or of | ther pla | | 1 | | | | | | | | |
| Physician Medical Examiner The Contract H. Bradshaw, Jr. 306 W. Main St Crisfield, MD 21817 238. Pert Life the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest. Approximate interval Between Cheet and Death Cheet Contract | Balti | Departir Departir Importa any inju | | 21. Signature of Luneur Service | Beach | lau | | | | | Funer | cal Ho | ome | | | | | | |
| Physician (Medical Examiner) The proposed of the property of | H | | | | | | | | | | | | | 2181 | | | | | |
| Medical Examiner Part | | Physician | | shock, or heart failure. List of | nly one cause on each i | ine. | JO HOL ON | ter the modi | e or uyi | ng, such as ca | irdiac or rest | oratory arre | 95ī, | 1 | interval Be | tween | | | |
| Due to (or as a consequence of): Due to (or as a consequence of): | 2 | | Н | | 2 sto | tation | 1 | lon | | ca i | 00 | | | 1 | | | | | |
| Sequentially list conditions, any leading to immediate cause. Enter Underlying ausse given in Pert I. Sequentially list conditions, any leading to immediate cause. Enter Underlying ausse. Enter U | | Examiner | | resulting in deeth) | a. mere | | | | | Com C | | | | 1 | | | | | |
| Cause (Disease or injury to the complete of th | - | 7 × | ner | | | b | | | | | | | | | | | | | |
| Cause (Disease or injury to the complete of th | | and Arans | хаш | Sequentially list conditions, | D | | | | | | | | | | | | | | |
| DO CO STATE OF THE | 60, | be ex | | cause. Enter Underlying Cause (Disease or injury | C | | | | | | | | | | | | | | |
| 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) | 687 | phys s the | g | that initieted events | | Due to (or as e consequence of): | | | | | | | | | | | | | |
| 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) | | nding use a | | | d | | | | | | | | | | | | | | |
| 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) | | death e atte od for | lcia | Part II. Other significant condition | contributing to death b | entributing to death but not resulting in the underlying cause given in Pert I | | | | | | 23h. Did to | hacco use co | ntribute t | the cause | of death? | | | |
| 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) | Δ. | s that the ned by th e datache | | | | | | acco gr | | | 1 □ Yes 2 No 3 □ Probably 4 □ Un | | | | | | | | |
| 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) | cords | v requiras been sig should b | leted b | | | | | | | | 2 | 4e. Wes ar | n autopsy ned? | av | alleble prior mpletion of | to | | | |
| 25. Was case referred to medical examiner? 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) | Re | ha lav e has aga 2 | d E | | | | | | | | | 4 🗆 V- | - a70 N | | | 4 | | | |
| State Stat | ta | | 0 | | | | | | | | 26 Place of Deeth (Ch | | | 11 | _ Yes | INO | | | |
| 27. Manner of Death Display a part of Deat | 1 | ysich Is cer direc | 0 | | Hospital: | ent 2□ER | /Outpatier | nt 3 DO | A Oth | hoe | | | | ner (Specit | (v) | | | | |
| 29a. Certifler (Check only one) 29a. Certifler (Check only one) 29b. Signeture and title of certifier 29b. Signeture and title of certifier 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Charles D. Stegman, M.D 30434 Mt. Vernon Rd Princess Anne, MD 21853 31. Date filed (Month, Day, Year) 32. Registrat's Signature | | 두 등 등 | | | 28a. Date of inju | lry 28 | | f 28 | Bc. Inju | | - | | | | | | | | |
| 29a. Certifler (Check only one) 29a. Certifler (Check only one) 29b. Signeture and title of certifier 29b. Signeture and title of certifier 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Charles D. Stegman, M.D 30434 Mt. Vernon Rd Princess Anne, MD 21853 31. Date filed (Month, Day, Year) 32. Registrat's Signature | Sio | andin path. or: Af he fu | atic | 2 ☐ Accident Investiga | tion | , , , , , , | jury | | | | | | | | | | | | |
| 29a. Certifler (Check only one) 29a. Certifler (Check only one) 29b. Signeture and title of certifier 29b. Signeture and title of certifier 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Charles D. Stegman, M.D 30434 Mt. Vernon Rd Princess Anne, MD 21853 31. Date filed (Month, Day, Year) 32. Registrat's Signature | Divis | F # C | Sertific | datamin | 286. Place of In | Se. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and City or Town, State) | | | | | | | ber or Run | al Route Nun | nber, | | | | |
| 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Charles D. Stegman, M.D 30434 Mt. Vernon Rd Princess Anne, MD 21853 State 31. Date filed (Month, Day, Year) 32. Registrar's Signature | | Hospit 24 hour Funeral letaly fills | | (Check only 2 Medical Ex | aminer: On the besis o | f examination | dge, death and/or in | n occurred a vestigetion, | t the ti | me, dete end p opinion, death | place, and du occurred at t | ue to the ca the time, da | use(s) end m ite end place, | end due to | teted. the cause(| s) | | | |
| 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Charles D. Stegman, M.D 30434 Mt. Vernon Rd Princess Anne, MD 21853 State 31. Date filed (Month, Day, Year) 32. Registrar's Signature | | within To th | M | 29b. Signeture and title of certifier | | | | 29c. | Licens | se number | | 25 | | | | | | | |
| 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Charles D. Stegman, M.D 30434 Mt. Vernon Rd Princess Anne, MD 21853 State 31. Date filed (Month, Day, Year) 32. Registrar's Signature | | | | Clarke | ~ O Stor | Mar- | 1 | 22 | 1 | 12,50 | 19 | | 5-1 | 10- | 97 | | | | |
| State 31. Date filed (Month, Day, Year) 32. Registrar's Signature | | | | 30. Name and address of person wi | to completed cause of | death (Item 23 | a) (Type, | Print) | U | 00 | | | | | | | | | |
| State 31. Date filed (Month, Day, Year) 32. Registrar's Signature | _ | | | Charles D. Ste | gman, M.D. | - 3043 | 34 Mt | . Ver | non | Rd | Princ | ess A | nne, M | D 21 | 853 | | | | |
| Registrar MAY 2 2 1997 | | | | | | rar's Signature | | | | | | | | | | | | | |
| | | Registi | ar | MAY 2 2 1997 | all diwings | mardally | | | | | | | | | | | | | |

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| | State of Ma | ryland / Department of Health and Certificate of Death | d Mental Hygiene | 97 | 16536 |
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| st) | PRESTON | MCCOMAS | 2. Dete of Death Month Dey May 11. | Year 1997 | 3. Time of Deeth 12:50 PM |

Physician /Medical Examiner

Funeral Director

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once. Baltimore, Maryland 21215-0020

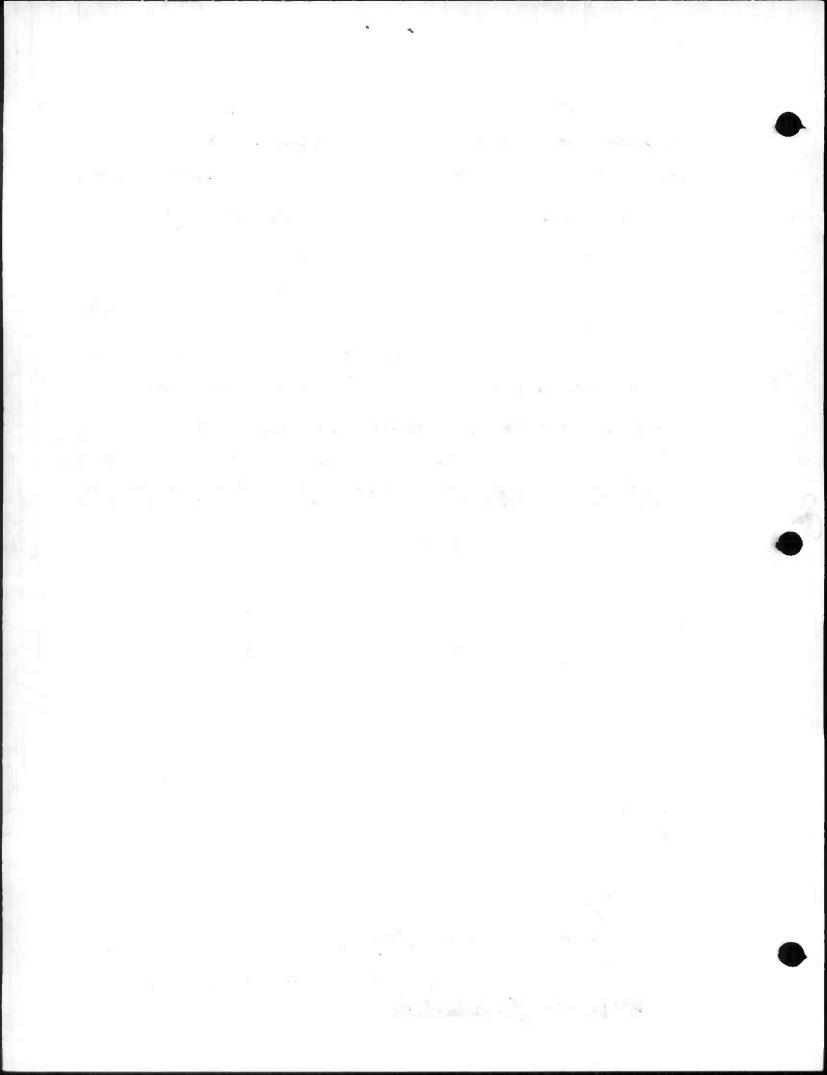
Physician /Medical Examiner

Medical Certification: To Be Completed by Physician/Medical Examiner within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the bunal-transit To the Hospital or Attending Physician: The law requires that the deeth certificate be executed

| | 1. Dacedent's Nama (First, Middle, Last) 2. Dete of Death Month Dey Year | | | | | | | | | | | | | | |
|--|--|---|--|---------------------------------------|-----------------------------|--|---|-------------------------------------|----------------|--------------|---|------|--|--|--|
| an ai | JOHN PI | RESTON | McCOM | AS | | | | ay | 11, | | 12:50 |) PM | | | |
| er | 4a. Facility Neme (If not institution, giva street | and number) | | | | 4b. City, Town | , or Location of | of Death | | y of Death | | | | | |
| | Fallston General Hospital Fallston Harford | | | | | | | | | | | | | | |
| | 5. Sociel Security Numbar 219-07-4543 Usuel Residence of Decedent | thday) if U Yrs. Mon | nder 1 Year ths Deys | If Under 24 Hours | Min. 8. Det (Mo | 8. Deta of Birth (Month, Dey, Year) Dec. 2, 19 | | 9. Birthplaca Country Mary La | | or Foreign | | | | | |
| ctor | 10a. State 10b. County Maryland Harford | | 10c. City, Tow | n or Location | | Fores | t Hill | ill | | | 10d. Inside Ci 1 ☐ Yes | | | | |
| ire | 10e. Street and Number | | | 101 | . Zip Code | | | 10 | g. Citizen of | What Cou | ntry? | | | | |
| aic | 1 Colgate Drive | | | | 2 | 1050 | | | A | | | | | | |
| Funeral Director | Arr | s Decedent Enned Forces? Yas 2 No | | 13. Was D If Yas, | ecedent of I specify Cub | lispanic Orlgir an, Maxican, F | s or No- atc.) 14. Race - American Indlen, Black, Whita, etc. | | | | | | | | |
| | | es, Give ar or Dates: W | | 1 🗆 Ya | s ZZ No | Specify: | | | Speci | y: Wh | ite | | | | |
| ted | 15. Decedent's Education | | 16a. | Decedent's | Usuei Occup | etion | 1005245 | 1 | 6b. Kind of E | | | | | | |
| Completed by | (Specify only highest grada comp Elementary/Secondery (0-12) Co | llege (1-4or 5+ 4 | | (Give kind o life. DO NO BOOKKE | T use retire | during most o | f working | | II C | Cove | rnment | | | | |
| e C | 17. Fether's Neme (First, Middle, Last) | -3 | 1 1 | OONNE | - PCI | 18. Mother's | Neme (First, | Middle, M | | - | TIMETIC | | | | |
| To Be | Marion Stanley McCo | mas | | | | | Elizal | | | - | | | | | |
| - | 19e. Informent's Neme/Relationship (Type, Pri | nt) | 19b | . Meiling Add | ress (Street | | or Rural Route | | | | Code) | | | | |
| | Charles H McComas f | irat a | | | | | | | 014 | ,, | | | | | |
| | Charles H. McComas, f | | 20b. Pieca of | Disposition by, cremetory | (Nema of | ALL, M | Dete | 2 | Oc. Location | - City or To | own, Stete | | | | |
| | 1 Buriai 2 □ Cramation 3 □ Remove 4 □ Donetion 5 □ Other (Specify) | i from Stete | Mt. Zi | | | | 5/16 | /97 F | el Air | r. Ma | ryland | | | | |
| | 21. Signature of Funeral Hervice Licensea | -1 | | | | ss of Fecility | , , , , , | | | , | | | | | |
| Be Completed by Physician/Medical Examiner | Immediate Cause (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events | disease or condition resulting in deeth) Acute myocardial infarction Due to (or es e consequence of): Coronary disease Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying | | | | | | | | | | | | | |
| /Wedi | that mitteled events resulting in deeth) Lest Due to (or as a consequance of): | | | | | | | | | | | | | | |
| clar | Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? | | | | | | | | | | | | | | |
| y Physi | Pneumonia | 23 | 23b. Did tobacco use contribute to the cause of death 1 Yes 2 No 3 Probably 4 Unknown | | | | | | | | | | | | |
| pieted | | | | | | | 248 | i. Wes en perform | eutopsy ed? | co | ere autopsy fi eileble prior to implation of ca death? | 0 | | | |
| 100 | | | | | | | | 1 Yes | 2 No | 10 | Yes 2 | No | | | |
| De | 25. Wes case referred to medical exeminar? | | | | | | Deeth (Check | only one |) | | | | | | |
| 0 | 1 ☐ Yes 2 No Hospitel | 1 inpatiant | 2□ER/Ou | tpetient 3 | DOA Oth | er: 4□ Nursi | ng Home 5[| Rasidar | ica 8 🗆 Oti | her (Specif | 'y) | | | | |
| ation: | 27. Menner of Death 1 Neturei 5 Pending 2 Accident investigation | Dete of Injury (Month, Dey) | Year) 28b. T | ime of njury M | 28c. Injur Wor 1 🗆 | yet k? Yes 2 □ No | 28d. De | Describe how Injury occurred | | | | | | | |
| erilic | 3 Suicide 4 Homicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, straet, factory, office building, etc. (Specify) 28f. Location (Street, Straet, Factory) City or Town, | | | | | | | | | | (Street and Number or Rural Routa Number, wn, State) | | | | |
| edical Certification: 10 | 29e. Certifier (Check only one) | | | | | | | | | | | | | | |
| M | 29b. Signeture and title of confiller | - | P() | - | 29c. Licans | number | | 29 | d. Data signe | ed (Month, | Day, Year) | | | | |
| | D23519 May 13, 19 | | | | | | | | | | | | | | |
| | 30. Name and address of person who complete Robert 1. Smith, M.I | | th (Item 23a) (03 Bela | | ad I | allsto | n, Mar | yland | | | | | | | |
| e | 31. Dete filed (Mapth, Day, Year) MAY 1 6 1997 | | s Signeture | | | | | | | | | | | | |
| r | MAT 1 6 199/ | all all | where has | 6 | | | | | | | | | | | |

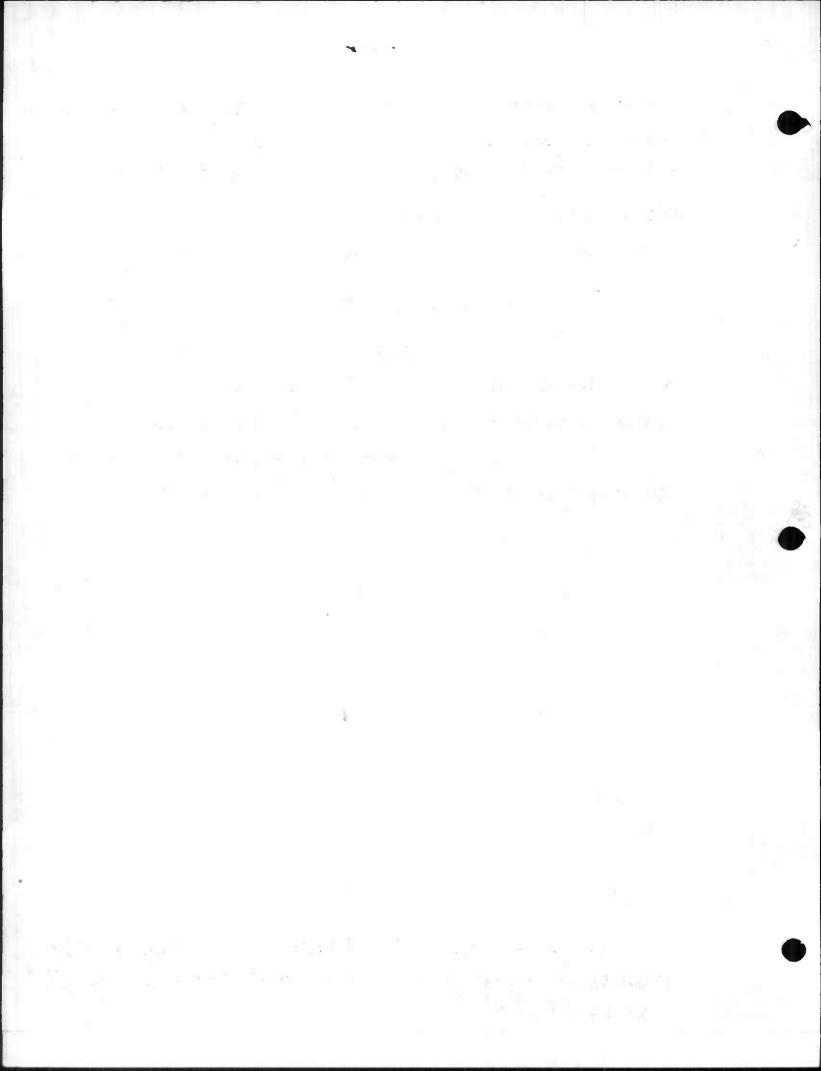
State Registrar



| | | | | | | Cer | tificate | of L | Death | | | Reg. No. | 91 | 10001 |
|---|-----|--|--|--|--|--|---|--|--|--|--|--|--|--|
| 3 1 | | 1. Decedent's Name (First, Midd | dle, Last) | | | | 4.1 | | | | 2. Date of De | ath | | 3. Time of Death |
| Physiclan Medical/ | _ | Robert Geor | ge Mit | chell | | | | | | | Month | Day | 1997 | 1:56pm |
| Examiner | - | 4a. Facility Name (If not institution | on, give street | and number |) | | -5 | 41 | b. City, To | wn, or Lo | cation of Death | 4c. Coun | ty of Death | 1 |
| | | Harford Memori | al Hos | pital | | | | | Havr | e de | Grace | | Harfo | rd |
| neral | | 5. Social Security Number | 6. Sex | | ge (In yrs. lest | ** | If Under 1 Y | Year | If Under Houra | 24 Hrs. Min. | 8. Date of Birt (Month, De | h v. Year) | | place (State or Foreigntry) |
| ctor | | 132-09-5814 | 1 € M 2 | 20 F | 75 | Yrs. | | .,, | 110010 | | Aug. 28 | , 1921 | | York |
| | - | Usual Residence of Decedent 10a. State 10b. Count | v | | 10c. City, T | own or Lo | cation | | | | | | | 104 1-14 01 11 11 |
| a nutified at | | | ford | | | | | | | | | | | 10d. Inside City Limits 1 ☑ Yes 2 ☐ No |
| Director | 2 | 10e. Street end Number | IOIU | | Abe | rdeen | | - 1 | | | | | | |
| <u> </u> | 2 | 3 Alton Street | | | | | 10f. Zip Co | | | | | 10g. Citizen of | | ntry? |
| era | 2 | 11. Maritel Status | | oc Dooodoot | Ever in U.S. | 10.4 | 210 | | | -1-0 (0- | -4.1/ | U.S. | | |
| Funeral | 5 | 1 Never Marriad 2 Mar | An | med Forces | ? | 13. 4 | Yes, specify | Cubar | n, Mexicar | n, Puerto | cify Yes or No- Rican, etc.) | | ece - Americ ack, White, | |
| þ | | 3 ☐ Widowed 4 ☐ Divorce | 144 | | | _ 1 | ☐ Yes 2只 | No | Specify: | | | Spec | ify: T.T. | |
| | | | nt's Education | Dai oi Dates. | 1943-68 | | ent's Usuel O |)ccupa | tion | | | 16b. Kind of I | | nite |
| Completed | | (Specify only highe | est grade com | pleted) | | (Give I life. E | kind of work d | done du etired) | u <i>ring</i> mos | t of worki | ng | TOD. IVIII OF I | D (341 163 3711 F | odeny |
| Eo | 5 | Elementary/Secondary (0-12) | 0 | ollege (1-4or | 5+) | Mili | | | | | | U.S A |) ~~~~ · | |
| BeC | | 17. Fether's Neme (First, Middle, | , Last) | | | | cary | T | 18. Mothe | er's Neme | (First, Middle, | | | |
| ToB | | Charles Burba | nk Mitc | hell | | | | | 171 | oi o I |)othersk | | | |
| - | | 19a. Informant's Name/Relations | | | 1 | 9b. Mailin | a Address (S) | treet a | | | Rathgeb | | Stete Zir | Code) |
| | | Mrs. Helen Mae | Mitcho | 11 (6 | | | | | | | | | | |
| 1 | | 20a. Method of Disposition | TIL CCITE | ETT (D | 20b. Place | of Dispos | con St. | ree | E, A | pera | en, Ma | ry Land 20c. Location | 2100 - City or To | |
| | | 1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (5 | | al from Stete | 001110 | olory, ordin | utory or ourier | piaco | '/ | 1 | | | | |
| | - | 21. Signeture of Funeral Service | | | Del F | | Name end A | | | | /12/97 | Bel Air | , Mar | ryland |
| | | V. I. A. | | -1 | 1600 | T | arring | | rgo] | | cal Homo | e. P.A. | | |
| | - | MUSHENHI | nifile | 11/21/2/ | /NF 3 D D | | | | | | | | | |
| an cal ner | 1 | 23a. Pert1. Enter the diseese, o shock, or heert failure. List Immediete Cause (Finel diseese or condition resulting in death) | r complications t only one cause | se la cause se la each li | rere | Oo not ente | or the mode of | n, | Mary. | land | 21001 | -3399 | 14 | Approximete Intervel Between Onset end Deeth |
| al er | | Immediete Cause (Finel diseese or condition | e, b | Sei Covoi Diab | Due to (or as MGV/ Due to (or es L+eS Due to (or as | a consequence a | er the mode of | n, | Mary. | land | 21001 | -3399 | 14) | Intervel Between |
| dical Examiner | | Immediete Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last | 6 b c d | Sei Covoi Con | Due to (or as Due to (or as Les Due to (or as Due to (or as | a consequence of the consequence | er the mode of leave of: | n, I dylng | Mary, such as | land cardiac o | 21001 r respiretory sr | -3399 rest, 10 PG | 4 | For couple of year |
| dical Examiner | | Immediete Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last | bd | Sevi Covo Covo Covo ng to death b | Due to (or as Due to (or as Les Due to (or as Due to (or as | a consequence of the consequence | er the mode of leave of: | n, I dylng | Mary, such as | land cardiac o | 21001 respiretory sr | -3399 rest, 10 P6 | ontribute to | For couple of year |
| Physiclan/Medical Examiner | F | Immediete Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last | bd | Sevi Covo Covo Covo ng to death b | Due to (or as Due to (or as Les Due to (or as Due to (or as | a consequence of the consequence | er the mode of leave of: | n, I dylng | Mary, such as | land cardiac o | 21001 respiretory sr | -3399 rest, 10 PG | ontribute to | For couple of year |
| a छ by Physiclan/Medical Examiner | F | Immediete Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last | bd | Sevi Covo Covo Covo ng to death b | Due to (or as Due to (or as Les Due to (or as Due to (or as | a consequence of the consequence | er the mode of leave of: | n, I dylng | Mary, such as | land cardiac o | 21001. r respiretory sr (10 11) 23b. Did to 12 12 12 12 12 12 12 12 12 12 12 12 12 | -3399 rest, IOPA Obsecco use co | ontribute to 3 Prot | Tope Couple Couple The cause of death aboly 4 Unknown are sutopsy findings |
| by Physiclan/Medical Examiner | F | Immediete Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last | bd | Sevi Covo Covo Covo ng to death b | Due to (or as Due to (or as Les Due to (or as Due to (or as | a consequence of the consequence | er the mode of leave of: | n, I dylng | Mary, such as | land cardiac o | 21001. r respiretory sr (10 M) | -3399 rest, IOPA Obsecco use co | ontribute to | Intervel Between Onset end Deeth FOR Couple Othe cause of death Debty 4 Unknown are sutopsy findings sliable prior to mpletion of cause |
| by Physician/Medical Examiner | F | Immediete Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last | bd | Sevi Covo Covo Covo ng to death b | Due to (or as Due to (or as Les Due to (or as Due to (or as | a consequence of the consequence | er the mode of leave of: | n, I dylng | Mary, such as | land cardiac o | 23b. Did to 124a. Was a perfor | -3399 rest, IOPA Obsecco use co | pontribute to 3 prot | The cause of death of the cause death? |
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| To Be Completed by Physician/Medical Examiner | F | Immediete Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions. | b c d cons contribution Re | Seving Covering to death b | Due to (or as | a consequence of the unit of t | dertying cause | n, of dying | Mary, such as | and cardiac of Death | 23b. Did to 12 Yas performent 5 Resident | obsecto use co | ontribute to 3 Protection | The cause of death of the cause of death? I the cause of death of the cause of death of the cause of death of the cause of death? I the cause of death of the cause of the c |
| To Be Completed by Physician/Medical Examiner | F | Immediete Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other eignificant conditions of the conditions of th | e b c d one contribution Re Hospitel | Sevi Covoring to death b | Due to (or as | a consequence of the unit | dertying cause 3 DOA 28c. | of dying place of dyi | Mary, such as | and cardiac of Death rising Hon | 23b. Did to 124a. Was a perfor | obsecto use co | ontribute to 3 Protection | The cause of death of the cause of death? I the cause of death of the cause of death of the cause of death of the cause of death? I the cause of death of the cause of the c |
| ু ল o Be Completed by Physician/Medical Examiner | F | Immediete Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other algnificant conditions. Sequentially list conditions, if any, leading to immediate cause. Chief under United Sequential Cause (Disease or Injury that Initiated events resulting in death) Last | b c d Dona contribution Re Hospitel | Sexing Covariant to the control of t | Due to (or as Due to (or as | a consequence of the consequence | derlying cause 3 DOA 286. | other | Mary, such as | and cardiac of Second Performance of Death rising Hone | 23b. Did to 12 Y (Check only or 10 Y) Reside 8d. Describe h | obsecto use of sections of sec | pontribute to 3 Prot 24b. Www.ave.com of 1 Inter (Specify | The cause of death of the cause of death? I the cause of death of the cause of death of the cause of death? I the cause of death of the cause of the cause of death? I the cause of death of the cause of the caus |
| Certification: To Be Completed by Physician/Medical Examiner | F 2 | Immediete Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions of the conditions of th | b c d Does contribution Re Hospitel | Sex Covor | Due to (or as Due to (or as Due to (or as Due to (or as) D | a consequence of the consequence | dertying cause 3 DOA 286. I | Other | Mary, such as Seq. 1 Se | and cardiac of Selection of Death rising Hon | 23b. Did to 12 Y Check only or 1 Y (Check only or 10 K) Reside 8d. Describe h | an autopay med? Series (a) PA A Description of the part of the | pontribute to 3 Protection of the Control of the Co | Intervel Between Onset end Deeth Onset end Dee |
| edical Certification: To Be Completed by Physician/Medical Examiner | F 2 | Immediete Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions are summiner? 1 | b | Sex Covor | Due to (or as Due to (or as) | a consequence of the consequence | ar the mode of elence of: Lence | of dying of | Mary, such as Seq. 1. Seq. 26. Piece 4 Nu Nu 1. Nu | and cardiac of Selection of Death rising Hon | 23b. Did to 12 Y (Check only or to 5 Reside 8d. Describe h | an autopay med? Series (a) PA A Description of the part of the | pontribute to 3 Protection of the Control of the Co | othe cause of death obely 4 Unknow ere sutopsy findings slable prior to mpletion of cause death? I Route Number, |
| Certification: To Be Completed by Physician/Medical Examiner | F 2 | Immediete Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions of the conditions of th | b | Seving to death by the parties of the basis | Due to (or as Due to (or as) | a consequence of the consequence | dertying cause 3 DOA 286. I | of dying of | Mary, such as Seq. 1. Seq. 26. Piece 4 Nu Nu 1. Nu | and cardiac of Selection of Death rising Hon | 23b. Did to 12 YM 23b. Did to 12 YM 24a. Was a performance 5 Reside 8d. Describe h. 8f. Location (S. City or Town and due to the city of the time, did to the city of th | an autopay med? Series (a) PA A Description of the part of the | pontribute to 3 Protection of the Control of the Co | othe cause of death? |
| edical Certification: To Be Completed by Physician/Medical Examiner | F 2 | Immediete Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions are summiner? 1 | b | Seving to death by the parties of the basis | Due to (or as Due to (or as) | a consequence of the consequence | derlying cause 3 DOA 28c. I | other Injury : Work? | Mary, such as Slo In In Part I. 26. Piece 4 Nu A date and nion, deat | and cardiac of AV C | 23b. Did to 12 YM 23b. Did to 12 YM 24a. Was a performance 5 Reside 8d. Describe h. 8f. Location (S. City or Town and due to the city of the time, did to the city of th | posecco use co | pontribute to 3 Protein Protei | Intervel Between Onset end Deeth Onset end Ons |

DHMH 16 Rsv 6/95

Mitchell, Rober T Division of Vital Records, P.O. Box 68760,



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month Gertrude S. Martienssen 1997 1:00 PM May 16 4a. Facility Name (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Calvert Manor Nursing Home Rising Sun If Undar 1 Yaar | If Undar 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdey) Birthplaca (Steta or Foreign Country) 1 M 2 XF Yrs. 300-14-1733 92 Fairview, Ohio Usual Residence of Deceden 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 X Yes 2 No New Castle Newark 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 195 West Park Place 19711 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ ŒNo If Yas, Give Yaer or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yas 2 No Specify: Specify: 3 XWidowed 4 ☐ Divorced White 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own home 17. Fathar's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Melden Sumema) Jacob Biermacher Stella Brown 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Alice Shurtleff/ daughter 195 West Park Place, Newark, DE 19711 May 20, 20b. Placa of Disposition (Neme of cametery, cramatory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Removal from State Florida Hills Mem. Gard. 4 ☐ Donation 5 ☐ Other (Specify) 1997 Brooksville, Florida 21. Signeture of Funeral Service Lines 22. Nama and Address of Facility Robert T. Jones and Foard, Inc. 122 W. Main St., Newark, DE 19711 blications that caused the daath. Do not anter the mode of dying, such as cardiac or respiratory errest, noe cause on each line. 23a. Pert1. Entar the disease shock, or heart failure. ase, or com a. List only Approximate Interval Betw Onset and Deeth Immediate Cause (Final Years diseese or condition resulting in death) approx Due to (or as a consequance of): 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ☑ Unknown 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed?

Physician /Medical Examiner

shysician and the buriel-transit

2

attending physician for use as the burie

ed by the a

been signed by the should be detach

page 2

After this certificate

To the Hospital or Attanding Pt within 24 hours after death.
To the Funeral Director: After th completely filled in by the funeral

82

Division of Vital Records, P.O. Box 68760.

Examiner

Physician/Medical

by

Completed

Be

P

Certification:

Medical

Physician

/Medical

Director

Funeral

þ

Completed

Examiner

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show trsumstic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours effert.
Department of Heelth and Mental Hygiene.
Important: If teem 27 is merked other than "natural", or flen any injury or other traumatine and

Baltimore, Maryland 21215-0020

deeth with the Maryland

Sequentially list conditions, if any, leeding to immadiate cause. Enter Underlying Cause (Disease or injury thet initiated events rasulting in death) Lest

Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

2 X No 26. Placa of Deeth (Check only one)

1 □ Yes 2 □ No

25. Was case referred to medical 1 Yes 2 No

27. Menner of Death

2 Accident

29a. Certifier

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dev Year) 5 Pending investigation

28b. Time of 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

mD-

Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred

6 Could not be determined 3 ☐ Suicide Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ HomicIde

28f. Location (Street end Number or Rural Route Number, City or Town, State)

(Check only one)

1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end placa, end due to the ceuse(s) end manner as stated.

| Medical Examiner: On the basis of axaminetion and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated.

20b. Signature and title of cartifian

29c. License number

123 Silns

29d. Date signed (Month, Dey, Year)

GNTILAL 31. Date filed (Month, Day, Year)

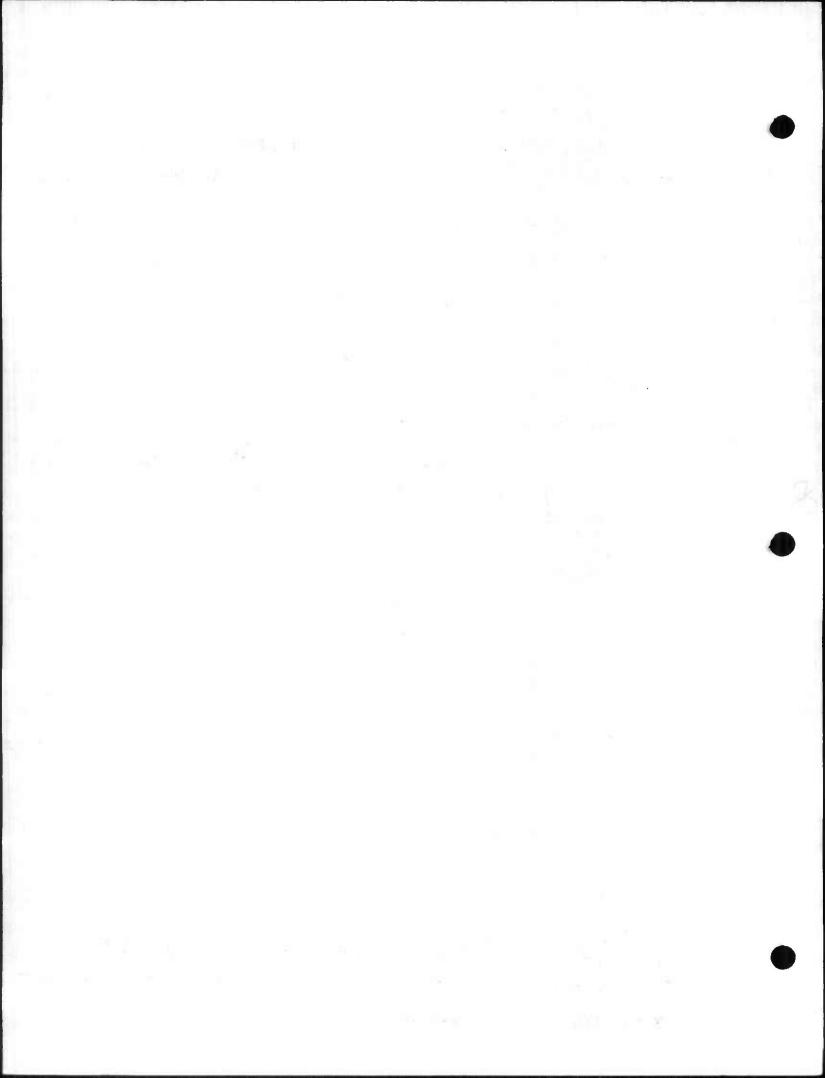
32. Registrer's Signature

MATEL

State Registrar

Julia Mavidson 1 9 1997

eddress of person who completed cause of seath (Item 23a) (Type, Print)



| | | | Please | | | / Departm | ent of h | . Assure Al Health and M | • | 9 | ole. | 6539 |
|---------------------|--|---------------------|--|--|------------------------|--------------------------------------|--|--|--|---------------------------------|-----------------------------------|---|
| Al | MENDED ; | #8. | P.G.C. 5-22-97 ca | r | | Certific | cate of | Death | R | g. No. | | |
| | Physic /Medi | | 1. Decedant's Nama (First, Middla, La Virginia Lee Man | | | | | | 2. Date of Dear Month May | Day 12, 19 | Yaar 997 | 3. Time of Death 10:50 am |
| | Exami | | 4a. Facility Nama (If not Institution, give | a street and number, |) | | | 4b. City, Town, or Lo | cation of Death | 4c. County | | |
| | | | Collington Healt | | | | | Mitchellv: | | Princ | | 0 |
| | Funeral Director | | 5. Social Security Number 6. S 218-22-9955 | Bax 7. Ag | ga (In yrs. last 78 | Yrs. | nder 1 Year ths Days | If Undar 24 Hrs. Hours Min. | 6. Data of Birth (Month, Day) May 16 | Year) 1918 | 9. Birthpl Count Virg | aca (Stata or Foraign ry) inia |
| | 8 2 | | Usual Rasidanca of Decedant 10a. Stata 10b. County | | 100 City T | own or Location | | | 26 | | | |
| | with the Maryland a or 28s-f show Lbs notified at | tor | Maryland Prince G | eorge's | | ensburg | | | | | | od. Insida City Limits 1 ☑ Yas 2 □ No |
| | # 22 # # 124 # | lrec | 10e. Street and Number | | | 101 | f. Zip Coda | | 1 | 0g. Citizan of V | Vhat Count | ry? |
| | 23 a d tau | rai | 4108 53rd Avenue | | | 2 | 20710 | | | U.S.A. | | |
| 020 | be filed within 72 hours after death with the Marylar stal Hygiene. d other than "natural", or liens 23e or 23e-f show event, the Medical Examiner must be notified at | by Funeral Director | 11. Marital Status 1 Navar Married 2 Marriad 3 Widowed 4 Divorced | 12. Was Decedant Armad Forcas 1 Yas 2X If Yas, Giva Year or Datas: | 7 | | ecedant of H specify Cub as 2 No | dispanic Origin? (Spe an, Maxicen, Puarto I Specity: | ocify Yas or No- Rican, atc.) | Blac | e - Amarica k, Whita, a Whi | itc. |
| Maryland 21215-0020 | natura dicai | Completed | 15. Dacedant's Ed (Specify only highast gra | ducetion ida com <i>pleted)</i> | 1 | 6a. Decedant's (Giva kind o | f work dona | during most of working | ng | 16b. Kind of Bu | iainass/Ind | ustry |
| 112 | With the Man | d m | Elamantary/Sacondary (0-12) | Collega (1-4or | 5+) | | orusa ratire emaker | a) | | Own I | Iome | |
| 9 | Hyp Hyp ent, s | | 17. Fathar's Nama (First, Middle, Last, | | | HOINE | maker | 18. Mother's Name | (First, Middle, I | | | |
| lar | | To Be | Edward L. Thom | pson | | | | Stella | M. Bro | WID. | | |
| ary | ges 1 and 2 should it of Health and Mer if Nem 27 is marks or other traumatio | | 19a. Informant's Name/Raiationship (| • | | 19b. Malling Add | drass (Street | and Numbar or Rura | | | Stata, Zip | Coda) |
| | Health Health em 27 | | Willis L. Mangum | , Sr - Spc | | | | enue Apt # | 2, Blad | ensburg | , MD | 20710 |
| Baltimore, | T item | | 20a. Mathod of Disposition 1 Disposition 2 Cramation 3 Disposition | Ramoval from Stata | 20b. Piace cemi | e of Disposition atary, cramatory | (Nama of or other pla | ce) | Data | 20c. Location - | City or Tov | wn, Stata |
| tim | artment ortant: Injury | | 4 Donation 5 Other (Specif | W 0 | Fort | Lincol | | 4 | /15/97 | Brentwo | od, l | Maryland |
| Bal | permit. Pages 1 and Department of Health Important: If item 27 any injury or other to page. | | 21. Signard Pull Funeral Service Liber | 1500 | | | | ss of Facility sch's Sons nore Avenu | Funera | 1 Home, | P.A. | |
| | | | 23a. Part1. Enter the disease, or comshock, or heart faller. List only | plications that ceuse | d tha death. [| Po not anter the | mode of dvir | nore Avenu | e, Hyat | tsville | | 20781 |
| | Physician | | shock, or heart failure. List only | ona causa on each li | ina. | | , | | , | | | Approximata Intarval Batween Onset and Death |
| ч | /Medicai | | Immediata Causa (Final disaasa or condition | Markant | 4.6 | | 11/00 | dermone of | (1.2 | 0 | i | Q |
| п | Examiner | | rasulting in daath) | a. ///@/19.3/19 | | s a consequance | | cinoma of | LNHUCOL | Trimos | | LYTIEUTYS |
| | srit ad | ine | | b | | | | | | | i | |
| .09 | be executed ician and burial-transit | Examiner | Sequentially list conditions, if any, laading to immadiata ceuse. Entar Undarlying | | Dua to (or as | a consequance | of): | | | | | |
| 6876 | | licai | Ceusa (Diseasa or injury that initiated avants rasulting in daath) Last | C | Dua to (or as | a consequance | of): | | | | | |
| 9 x | leath certificate L attending physic I for use as the b | /Mec | L | d | | | | | | | 1 | |
| Box | that the death cert ed by the attendin detached for use | clan | | | | | | | | | | |
| P.O. | the de | ysi | Part II. Other significant conditions of | | | | | | | | | the cause of death? |
| | res that the igned by be detact | by Physician/Medic | Right Axillary S | Kin Wice | ration | (Right | Axill | a) | 1 🗆 Y | 2 2 No | 3 ☐ Prob | ably 4 Unknown |
| Records, | r requir | Completed | | | | · · | | | 24a. Was a perform | n autopsy ned? | ava | ra autopsy findings ilable prior to nplation of cause leath? |
| | The law ate has page 2 | mo: | | | | | | | 1 □ Y | s 2 No | 1□ | Yas 2 No |
| of Vital | | Be C | 25. Was cesa rafarred to medicel axaminar? | | | | | 26. Place of Death | (Check only on | a) | | |
| 5 | | L 2 | 1 Yas 2 No | Hospital: 1 Inpatie | | Outpatient 3 | DOA Oth | nar: 4 Nursing Hor | na 5 🗆 Rasida | nce 6 🗆 Oth | ar (Specify |) |
| ouc | ing Ph h. After th funeral | | 27. Mannar of Death 1 Natural 5 □ Panding 2 □ Accident Invastigation | 28a. Data of Inju (Month, Da | ry Year) 28 | b. Tima of Injury M | 28c. Injus Woo | yat rk? Yas 2 □ No | 28d. Dascribe ho | w Injury occur | ed | |
| Division | or Attending I after death. Director: After I in by the funer | Certification: | 2 Accident Invastigation 3 Suicide 6 Could not be 4 Homicide datamined | | ury - At homa | | | | 28f. Location (St City or Town | | er or Rural | Routa Number, |
| Ö | urs after ral Dir illed in | | | | | | | | | | | |
| | To the Mospital or within 24 hours after other Funeral Dir completely filled in | edical | 29a. Certifiar 1 ☐ Certifying Ph (Check only one) 2 ☐ Medical Exam | ysician: To the best niner: On the besis o and mannar st | f axamination | dga, daath occur and/or invastiga | rred at tha tir ation, in my o | ma, data and place, a ppinion, daath occurre | and dua to tha co ed at tha tima, d | use(s) and ma ata and place, | nnar as sta and dua to | atad. tha ceusa(s) |
| | Tott | X | 29b. Signatura and titla of certifiar | 1.1 | 14 | | 29c. Licans | | | 9d. Data signed | | |
| | 00 | | Well he | May | - me | | 211 | | | May 14 | 1177 | / |
| | 20/ | | 30. Nama and addrass of person who will kim F. Duk | completed causa of c | leath (Itam 23 | (Type, Print) | NE Dr | ive, Uppe | - Marlb | oro, m | 9Ryla | Nd 20774 |
| | Sta Registr | | 31. Data fliad (Month, Day, Year) MAY 15 199 | 32 Ragistr | ar's Signatura | Cal II | 9 | | | | | |
| | i icgisti | · 1 | INVI TO 100 | 17 | | - | | | | | | |

DHMH 16 Rev 6/95

TAN STAN

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

| | | | | | 100 | Ceri | ilicale o | Deam | | Reg. No. | | |
|---------------------|---|----------------|--|--|-------------------------------|--------------------------------|--------------------------------------|---|---|------------------|-------------------------------|------------------------------------|
| | Physic /Medi | | 1. Dacadent's Name (First, Middla, L | Frankl | lin | MI | ller | | 2. Data of Do | Day | 1997 | 3. Time of Death 9:39 am |
| | Exami | | 4a. Facility Nema (If not institution, g | | | | | 4b. City, Town, | or Location of Daar | th 4c. County | of Death | |
| | Exum | 101 | Holy Cross Hospi | tal | | | | Silver | Spring | Mont | gomery | 7 |
| - | Francis | | | | ge (In yrs. las | st hirthday) | If Undar 1 Yaa | | | | 0 | / |
| н | Funeral Director | | 577-44-0954 | 1⊠ M 2□ F | | Yrs. | Months Day | | lin. (Month, D | | | aca (Stata or Foraign |
| | Director | | Usual Rasidance of Dacedant | | 63 | | | | Nov. | 9, 1933 | wash: | ington, DO |
| | and * | | 10a. Stata 10b. County | | 10c. City. | Town or Loc | ation | | | | 10 | d. Insida City Limits |
| | sho | 7 | | | | | | | | | 100 | 1 ☑ Yes 2 ☐ No |
| | Sa-f | S | Maryland Prince | George's | Rive | rdale | | | | | | IN Tes ZINO |
| | 4 2 | Director | 10e. Streat and Number | | | | 10f. Zip Coda | | | 10g. Citizan of | What Countr | у? |
| | ath with the Marylan 23a or 28a-f show | | 4916 Tuckerman S | treet | | | 20737 | | | U.S.A. | | |
| | iter daa | Funeral | 11. Maritel Stetus | 12. Was Decedant | Ever In U,S. | 13. W | as Decedant of | Hispanic Origin? | (Spacify Yes or No | o- 14. Rad | ce - Americe | |
| 0 | after Nr He | | 1 ☐ Nevar Married 2 ☐ Married | Armed Forces | | | | | Jano Hican, atc.) | | ck, Whita, at | |
| Maryland 21215-0020 | within 72 hours after death with the Maryland ene. then "naturet", or items 23a or 28e-f show he Wed call Examine must be invitted at | by | 3 ☐ Widowed 4 ☐ Divorced | If Yas, Giva Yeer or Datas: | | 1 | □Yas 2Ã N | o Spacify: | | Specif | y: Whit | te |
| 0-10 | 2 ho | Completed | 15. Dacedant's i | Educetion | | 16a. Decede | ent's Usual Occ | upation | | 16b. Kind of B | usiness/Indu | istry |
| 21.5 | n n n | ple | (Spacify only highast g | | C.) | (Giva k | ind of work don O NOT usa ratii | upation a during most of red) | working | | | |
| 212 | | H _C | Elamantary/Secondary (0-12) | College (1-4or | 3+) | Buyer | | | | Retail | Grace | 2 777 |
| D | be filed tal Hygid d other event, t | | 17. Fether's Nema (First, Middla, Las | st) | | Dayer | | 18. Mothar's I | Nema (First, Middle | | | EL y |
| an | ed da la | Be | Isaac Banjamin M | , | | | | | | | | |
| 2 | should b ind Menta marked | To | 3 | | | | | | et Mary S | 00 | | |
| Na V | 2 g a s | | 19a. Informant's Neme/Ralationship | | | - | | | Rural Routa Numb | | | |
| | C TO CO F | | Rosemary Miller | - Wife | | 4916 | Tuckerm | an Stree | t, River | iale, Ma | ryland | 1 20737 |
| ore | 40 and C | | 20a. Mathod of Disposition | - | 000 | ce of Dispos | Ition (Nama of | lace) | Data | 20c. Locetion | City or Tow | n, Stata |
| Ĕ | Pagas nent of I int: if its iry or o | | 1 X Burial 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Othar (Spec | | | | , | emetery | 05/15/97 | Adelph | i. Mar | vland |
| Baltimore, | 교 문문을 | | 21. Signeture of Funeral Service Lice | | | | 0 | | | | - | 2 |
| Ba | Department of the series | | 1 1 1 9 | 11 | - | F | rancis | Gasch's | Sons Fune | eral Hom | e, P.A | A. |
| | | Ш | althy | while | | 4 | 739 Bal | timore A | venue, Hy | yattsvil | le, MI | 20781 |
| | | | 23a. Part1. Enter tha disaase, or con shock, or haart failure/ List on | mplications that cause y ona cause or eech li | d tha deeth. | Do not antai | r tha mode of dy | ying, such as cere | diec or respiretory a | rrest, | 1 | Approximete interval Between |
| | Physician | | 1 | X | | | | | | | | Onsat end Death |
| | /Medical | | Immediate Causa (Final disease or condition | 2 | eps. | LS | | | | | 1 | 2 hours |
| | Examiner | | rasulting in daath) | a | Due to (or a | is a consequ | ence off: | | | | | |
| | | ē | | | 200 10 (0) 0 | .0 4 00//0040 | onco oij. | | | | | |
| | n certificate be axecuted anding physician and use as the bunal-transit | Examiner | | b | Due to /or o | | | | | | | |
| | an-tra | Xa | Sequantially list conditions, if eny, laading to Immediata ceusa. Enter Undarlying | | Dua to (or a | is a consaqu | ance or): | | | | | |
| 68760, | be sicial | a | Cause (Disaesa or injury that Initiated avants | C. ———— | | | | | | | 1 | |
| 87 | phys the | ın/Medicai | resulting In death) Last | | Dua to (or a | s e consaqui | ance of): | | | | | |
| ox 6 | ding se as | Me | | l d | | | | | | | 1 | |
| Bo | then then or us | an | | | | | | | | | 1 | |
| - | the atte | Physicia | Part il. Other significant conditions | contributing to death b | out not resulti | ng in tha und | lerlying ceusa g | givan In Pert I. | 23b. Dld | tobacco usa co | ntribute to t | the cause of death? |
| P.0. | by the | 'n | End Stage | renal | dise | 15e | Tun | 0 11 | 10 | Yes 2 000 | 3 ☐ Proba | bly 4□Unknown |
| | s tha | by | 2.00 | | 4130 | .30, | 101 | - 11 | _ | | | |
| Records, | The law requiras that the death ate has been signed by the atter page 2 should be datached for t | | dual star con | gestive | ha | ant | faile | 1100 | 24a. Was | an autopsy | 24b. Wer | a autopsy findings |
| 8 | beel shou | ete | Chabeles, Con | yes no | VICE | | 1 4110 | 100) | | ormed? | com | labla prior to plation of causa |
| š | has has | Completed | Carrier C. + | 70.0 | 25.50 | 0- | / / | , | | | of da | ath? |
| _ | T sate | ပ္ | coronary an | ery aisi | ease, | pery. | neral va | escular d | 150410 10 | Yas 2 No | 10 | Yes 2 No |
| İta | lan: artific ctor, | Be | 25. Was cesa refarred to madicel axaminar? | | | | | 26. Placa of i | Death (Check only | ona) | | |
| Division of Vital | Attanding Physician: or death. sctor: After this certific by the funeral director, | ည | 1 Yaa 2 No | Hospital: | ent 2 EF | R/Outpatlent | 3 DOA | thar: 4 Nursin | g Home 5 ☐ Rasi | dance 6 Oth | er (Specify) | |
| 0 | Ph er th | | 27. Mannar of Death | 28a. Deta of Inju | | Bb. Tima of | 28c. Inj | ury at | 28d. Dascribe | how injury occur | rad | |
| 0 | th. | tio | 1 △Natural 5 ☐ Panding 2 ☐ Accident invastigation | (Month, Da | ly Year) | Injury | | ork? ⊒Yas 2⊡No | | | | |
| 2 | dea dea ctor y th | fice | 3 ☐ Sulcida 6 ☐ Could not | | iury - At hom: | a farm stree | at factory office | 9 | 28f. Location (| Street and Numb | per or Rural I | Routa Number |
| 5 | or John Direction of Inching | Certification: | 4 Homicida determined | building, at | c. (Specify) | u, tutti, 0,100 | or, radiory, direct | | City or To | wn, State) | | 10010 1101001 |
| _ | To the Hospital or Attanding Physician: The law within 24 burus after death. To the Funeral Director After this certificate has completely filled in by the funeral director, page 2 | | 00-0-46- | | | | | | | | | |
| | Hose 4 ho Fune taly f | edicai | (Check only 2 Medical Exa | hysician: To the best miner: On the basis of | of my knowle f axamination | edga, daath o n and/or inve | occurred at that stigation, in my | time, dete end pla opini <i>on</i> , death o | ace, end dua to tha courred at tha tima. | data and place. | annar as stet and dua to t | ied. ha causa(a) |
| | the ling | ed | 0.10) | and mennar sta | ated. | 124.000 | | | | | | |
| | To | Z | 29b. Signature and title of certifier | 001 |) | 2 | | nsa number | | 29d. Deta signe | d (Month, Da | ly, Year) |
| | | | 1 left ma | U/ml | mol | m | De | 17188 | | 5/12 | 197 | |
| 7 | 111 | | 30. Name and address of person was | completed cause of d | leath (Item 2 | 3e) (Tune D | nint) | 621 | 40 MADIA | truse | Roger | l |
| | 10/ | | Jeffren | A. Pe | - mu | 1ttc. | - M.D |). R | ckville | MN | 208 | 57 |
| | CI | to | 31. Deta filed (Month, Day, Year) | 32/Ragista | ar's Signatur | 90 | 1 12111 | 1-0 | -1 -1110 | . 9 | | |
| | Sta Registr | | MAY 15 19 | 37 Julia | ar's Signatur | Kardall | | | | | | |
| | ricgisti | O. C | MINI TO W | | | | | | | | | |

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Dev Month Yeer **Physician** 06:00 AM THEODORE MURPHY 12 MAY 1997 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner HARLEY 6104 LANE PRINCE GEORGES TEMPLE HILLS If Under 1 Year If Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplace (Stele or Foreign Country) 8. Date of Birth (Month, Day, Yeer) **Funeral** Deys Months 1 X M 2 □ F Yrs Director 577-54-1042 56 JAN, 9, 1941 VIRGINIA Usuel Residanca of Decadent the Maryland 10a State 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar must be notified at 10d. Insida City Limits Director 1 N Yes 2 No MARYLAND PRINCE GEORGES' TEMPLE HILLS 10e. Street and Number 10f. Zip Code 10g. Citlzen of Whet Country? Funeral 6104 HARLEY LANE 20748 UNITED STATES 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 72 hours efter 1 Never Married 2K Married 1 ☐ Yes 2 No if Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 by Specify 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 16e. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry filed within 7 Hygiena. Elemantary/Secondary (0-12) Collega (1-4or 5+) 12 MACHINIST GOVERNMENT 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) and 2 should be fill faelth end Mentel H m 27 is marked oth Be THURSTON MURPHY ADA JORDAN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s Department of Haelth er Important: if Itam 27 ia eny injury or other trau once. HELEN MURPHY, WIFE 6104 HARLEY LANE, TEMPLE HILLS, MD 20748 20a. Method of Disposition 20b. Pleca of Disposition (Neme of cematary, cremetory or other place) Date 20c. Location - City or Town, State 1

Burial 2 □ Cremetion 3 □ Removel from State

Donation 5 □ Other (Specify) FORT LINCOLN CEMETERY 5/19/97 BRENTWOOD, MARYLAND 21. Signature of Funerel Service-22. Name and Address of Fecility FORT LINCOLN FUNERAL HOME Unso 3401 BLADENSBURG RD., BRENTWOOD, MD 20722 23a. Part1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Final disease or condition rasulting in death) . HYPERTENSIVE ARTERIOSCLERGTIC CARPIOVASCULAR DISEASE Examiner Dua to (or as a consequence of): Examiner ettending physician and for use es the bunal-transit The law requires that the deeth certificate be executed Saquentielly list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Diseasa or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of) Physician/Medical Due to (or as e consequença of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ed by the 3 Probably 4 Unknown 1 Tyes 2 No signed b þ Completed 24e. Was en autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? page 2 2 No 1 Yes 1 ☐ Yes 2 ☐ No cartificate or Attending Physician: Be 25. Was casa referred to medical 28. Placa of Death (Check only one) axaminar? 1 Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 2 5 Residence 6 Other (Specify) s efter death.

If Director: After this
ed in by the funeral di this 27. Manner of Deeth 28a. Date of Injury (Month, Dey Year) 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury et Work? 1 Natural 2 Accident 5 Pending Investigation 1 Yas 2 No 3 ☐ Suicide 6 Could not be in by t 28e. Placa of Injury - At home, farm, streat, factory, offica building, etc. (Specify) 28f. Location (Street erid Number or Rurel Route Number, City or Town, State) 4 Homicide Hospitai pelli 24 hours 29a. Cartifier 1 Certifying Physician: To the best of my knowledge, daath occurred at tha tima, date and pleca, end due to the cause(s) and mannar es stated.

2 Medical Examiner: On the best of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) end manner stated. Medical ompletely (Check only one) within 2 \$ 29c. License number
DEFUTY MEDICAL EXAMINER
D 33954 29b. Signature end title of certifier 29d. Date signed (Month, Dey, Year)

Box 68760.

P.O. 1

Records,

of Vital

Division

State Registrar

30 Name

MARIO

31. Date filed (Month, Dey, Year) **MAY 15**

GOLLE

end address of person who co

N M.D 3001 HOSPITAL DRINE, CHEVERLY, MARYLAND 20785 32 Registrar's Signeture

Inpleted cause of death (Item 23a) (Type, Print)

MAY 13 1997

the Sand make

the state of the s

State of Maryland / Department of Health and Mental Hygiene

16542

| | | | | | | Cer | tificate | e of | Death | | | Reg. No. | | 1 | 10 | 1747 |
|---------------------|---|------------------|---|--|-----------------------|---------------------|---------------------------|-------------------|--|-------------------|--|---------------------------|---------------------|------------------------------|----------------------------|-------------------------------------|
| | | | 1. Decedant'a Nama (First, Middla, L | ast) | | | | | | | 2. Data of Do | eath | | V | 3. Tim | na of Death |
| | Physic /Medi | | WILLIAM MC | KAY | | | | | | | Month | 13 | 19 | 97 97 | 12: | 15 AM |
| | Exami | | 4a. Facility Nema (If not institution, gr | va straat and number) | | | | | 4b. City, Tow | m, or Lo | ocation of Deel | h 4c. | County | of Deeth | | |
| | | | Magnolia Garden | s Nursing H | lome | | | | Lanh | am | | P | rinc | e Ge | orge | s's |
| | Funeral Director | | | Sex 7. Age 1 2 M 2 □ F | 76 | thday) Yrs. | If Under Months | 1 Yea Deys | | Min. | 8. Data of Bi (Month, Di Februar | rth ay, Year) y 26, | 1921 | 9. Birthpi Coun Washir | iace (Sta try) ngton | ate or Foreign |
| | me m | | 10a. Stata 10b. County | | 10c. City, Town | n or Lo | cation | | | | | | | 10 | 0d. Insid | de City Limits |
| | Mary | ō | Maryland Prince | George's | Glena | arde | en | | | | | | | | 1 🖾 ' | Yes 2□No |
| | 1 the | Director | 10e. Street end Number | | | | 10f. Zip | Coda | | | | 10g. Citi | izan of W | hat Coun | try? | |
| | 3a o | | 7938 Fiske Aven | ue | | | 2 | 070 |)6 | | | U | J.S.A | | | |
| Maryland 21215-0020 | 72 hours after deeth with the Maryland natural; or items 23a or 28a-f show dical Examiner must be notified at | by Funeral | 11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced | 12. Was Decedant E Armed Forces? 1 X Yas 2 N If Yas, Give Yaar or Datas: | | | | | Hispanic Orig ban, Maxican, Specify: | ln? (Sp Puarto | ecify Yes or Ne Rican, atc.) | D- | | - Amarica c, Whita, c | etc. | n, |
| ğ | 72 hours natural', | | 15. Decedant's E | ducation | 16a. | Deced | lant's Usua | Occi | pation | | | 16b. Ki | ind of Bu | sinass/ind | Justry | |
| 216 | 2 2 | Completed | (Specify only highest gi | ada complated) Collega (1-4or 5- | +) | _ | | | e during most ed) | of work | ing | | | | | |
| 21 | | No. | Elamantary/Secondary (0-12) | | <u>'</u> | Fo | remar | 1 | | | | Pr | riva | te | | |
| nd | be filed tal Hygi d other event, t | Be (| 17. Fathar's Nama (First, Middla, Las | t) | | | | | 18. Mothar | 's Name | a (First, Middle | , Maidan | Sumam | a) | | |
| 돌 | should be and Mental marked o | 2 | William Bland | | | | | | Ele | eano | r Hal | lman | | | | |
| Jar | 0 0 2 | | 19a. fnformant's Neme/Ralationship | | | | - | | | | rai Route Numb | | | | | |
| | CHUF | | Hazel McKay/Wife | 9 | | | | | | Gle | narden | | - | | | |
| Baltimore, | H H Or o | | 20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 (4 ☐ Donation 5 ☐ Othar (Spec | | 20b. Place of cematar | | | | | | 5/17 997 | | | od, M | | |
| 3a | Department Important: any injury | | 21. Signature of Funeral Sarvice Lice | 0 1 0 | | 1 | D | TEN | rass of Facility | LINIT | RAL HON | 10 | | | | |
| _ | 86502 | | 23a. Part 1. Enter tha dis-1 sa, or cor shock, or haart failurs. List only | Per centre | | 7 | 474 I | and | lover R | oad | Lando | ver | Mar | vlan | d 20 | 785 |
| 68760, | Physician detailing physician and personnel for use as the buriel-transit | Medical Examiner | immediata Causa (Final diseasa or condition rasulting in daeth) Sequantially list conditions, if any, leading to immediata causa. Entar Underlying Ceuse (Diseasa or Injury that initiated eventa rasulting in death) Last | . REN | Oua to (or as a o | consac | vance of): | 14 | FR | = | LUR | E | | | 4- >2. | doys |
| Box | ath ce trendi | | | d | 700 | 3 | | | | | | | | | | |
| 0 | 0 0 2 | Physician/ | Part II. Other significant conditions | contributing to death bu | t not rasulting Ir | tha un | ndarlying ca | usa g | ivan in Part I. | | 23b. Did | tobacco | use con | tribute to | the cau | use of death? |
| 7 | that the ned by the deteche | | Decido | lu s | 0000 | | | | | | 10 | Yes 2 | □ No | 3 Prob | ably | 4 SUnknown |
| Hecords, | requires been sign should be | Completed by | | | | | | | | | 24a. Was | an autopomed? | psy | COL | allabla pr | psy findings rior to of cause |
| | 0 - 2 | Eo | | | | | | | | | 10 | Yas 2 | SDNo | 1□ |] Yas | 2 No |
| Vital | iclen: The certificate rector, pag | Be C | 25. Was casa rafarred to medical | | | | 11.7 | | 26. Piece | of Deat | h (Check only | ona) | | | | |
| 0 | 5 00 | To | axaminar? 1 ☐ Yes 2 ☐No | Hospital: | nt 2 ER/Ou | tpatient | t 3□ DO | A O | ther . | | ma 5□Ras | | 6 □Othe | r (Specify | y) | |
| | neral | | 27. Mannar of Death 1 ➢Natural 5 ☐ Panding | 28a. Data of injury | | ima of | 28 | Bc. inju | ury at | | 28d. Describe | how Injur | ry occurre | ed | | |
| DIVISION | To the Heepital or Attending Ph within 24 hours aftar death. To the Funeral Director: After th completely filled in by the funeral | Certification: | 2 Accidant investigatic 3 Suicide 6 Could not I 4 Homicide determined | On Place of Inlin | ry - At homa, fe | | М | 1[| Yas 2□N | | 28f. Location (City or To | | | er or Rura | l Route l | Number, |
| | To the Hospital within 24 hours. To the Funeral completely filled | edical (| 29a. Cartiflar (Check only one) Check only one) | nyaician: To the best of miner: On the basis of and mannar stat | axamination and | , daath d/or inv | occurred a astigation, | it tha t In my | time, data and opinion, daati | place, occurr | and dua to tha red at tha tima, | causa(s) data and | and mai place, a | nnar as st nd due to | ated. the cau | ise(s) |
| | To the Comple | ž | 29b. Signatura and title of certifiar | C 70 | 00 | 1220 | 29c. | Licen | se number | | | 29d. Dat | te signed | (Month, I | Day, Yes | ar) |
| | | | | 000 | ~~~ | 9 | I |)- | 245 | 2 | | 05 | - | 14 | -9 | 1 |
| _ | 6 | | 30. Name and addrass of person who | complated causa of da | ath (Itam 23a) (| Type, I | NEW | lle | Rec | d 9 | # 220 | ; B | ou | ne- | -W | 0-207 |
| | Sta Registr | | 31. Data filed (Month, Day, Year) MAY 14. 199 | 7 Jack Of | r's Signatura | dell. | | | | | | | | | | |

San Transfer

Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day Vear Physician OSCAR MIMMS JR. 10 05 97 11:30am /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner 2200 Marbury Dr. District Heights P.G. If Under 1 Yeer If Under 24 Hrs.
Months Days Hours Min. Date of Birth Month Day, Year) 6/10/43 9. Birthplace (State or Foreign Country) Kentucky 5. Sociel Security Number 7. Age (In yrs. last birthday) **Funeral** Months Days MM 2□ F 53 Yrs. 400-60-6904 Director Usual Residence of Decedent with the Marylant 10a. State 10b. County 10c. City, Town or Location r 28a-f show a notified at 10d. Inside City Limits 1 Yes 2 No Director MD P.G. District Heights 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? than "natural", or items 23a or the Medical Examiner must be r 2200 Marbury Drive 20747 U.S.A. r death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 Å Yes 2 □ No if Yes, Give Yeer or Dates: 14. Race - American Indian, Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Meritel Stetus permit. Pages 1 and 2 should be filed within 72 hours after to Oppurment of Health and Mental Hygiene. Important: If from 27 is marked other than "natural", or iten any injury or other traumatic event, the Medical Examination. Bieck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: ģ 3 Widowed 4 Divorced Black Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Statistical Clerk Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be Velva Anderson P Oscar Mimms Sr. 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Delores Mimms 2200 Marbury Dr. District Hgts.MD.20747 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Md. Vet. Cemetery 5/15/97Cheltenham, Md. 22. Name and Address of Fecility Hodges and Edwards 21. Signature of Funeral Service Licensee Onice Edward 3910 Silver hill Rd.Suitland, Md. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Lung Cancer 2½ yrs. Examiner Due to (or as a consequence of): Examiner that the death certificate be executed physician and s the buriel-transit Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medicai Due to (or es e consequence of): ettending ph for use as t signed by the e Part il. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ģ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? page 2 s 1 Yes 2 No 1 Yes 2 No certificate or Attending Physician: director, 25. Was cese referred to medical Be 28. Place of Deeth (Check only one) examiner? Hospital: Other: 4 ☐ Nursing Home 5 ☆ Residence 8 ☐ Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? After 1 Natural 5 Pending efter deeth. 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) N C 4 Homicide 24 hours Hospital edical To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.

The description of the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and title of or 29c. License number 29d. Date signed (Month, Day, Year) MD000020459 May 12, 1997 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) ANTHONY G. ARCENAS, M.D. 50 Irving St. N.W. Wash. D.C. 20422

Registrar DHMH 16 Rev 6/95

State

31. Date filed (Month, Day, Year)

MAY 14 199

32 Registrar's Signeture

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State of Maryland / Department of Health and Mental Hygiene 97 | 6544

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|---|--------------------------------------|--|--|---|--|--|--|--|---|--|--|
| Physici | an | Decedent's Name (First, Middle, I | 7.5 101 | ED | | | | 2. Dete of De Month | eath Day | Yeer | 3. Time of Deeth |
| /Medi | | | W. MAY | | | | | MAY | 11, | 1997 | 10:55 |
| Examir | ner | 4a. Fecility Name (If not institution, g NATIONAL LU | | | | | ROCKVI | | MONT | of Death GOME | RY |
| uneral irector | | 5. Social Security Number 577–58–3953 Usual Residence of Decedent | Sex 1 M 2□ F | 7. Age (In yrs. le 94 | st birthday) Yrs. | Months Dey | | Alonth D | o, 1903 | 9. Birthpl Coun MAR | eca (Stete or Foreig try) YLAND |
| fied at | tor | 10a. State 10b. County | MERY CO | | Town or Lo | ecation ER SPR | ING | | | 10 | od. Inside City Limits |
| 23a or 28a-f shoust be nothing at | al Director | 10e. Street and Number 1908 – ELKHA | RT STRE | ET | | 10f. Zip Code | 910 | | 10g. Citizen of V U . S | | try? |
| or items | by Funeral | 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorcad | I 1 ☐ Yes | dent Ever in U,S. ces? 2 □ No e UNKNOV | | Was Decedent or If Yes, specify Cu 1 ☐ Yes 2 ☐ N | HIspenic Origin? ben, Mexican, Pue Specify: | Specify Yes or Norto Rican, etc.) | o- 14. Rac Blee Specify | e - America ck, White, e | |
| natur | Completed | 15. Decedent's (Specity only highest g | Education plated) College (1- | -4or 5+) | (Give | | upation e during most of w red) L ENGIN | | 16b. Kind of Bi | | ADM • |
| marked other than imatic event, the M | To Be Co | 17. Fether's Neme (First, Middle, Last WILLIAM | st) | | BBI | 2011(101) | 18. Mother's N | ame (First, Middle | , Maiden Sumerr | 10) | |
| aumat | | 19a. Informant's Name/Reletionship | (Type, Print) | | 19b. Mallin | ng Address (Stre | et end Number or I | Rural Route Numb | er, City or Town, | State, Zip | Code) |
| Important: if flem 27 is marked other than any injury or other traumatic event, the Maonee. | | MR • VERNON MA 20e. Method of Disposition 1 XBurial 2 Cremation 3 | | 20b. Ple | ce of Dispo | osition (Neme of metory or other p | lece) | Date | 20c. Location - | City or Tox | |
| Jury | | 4 ☐ Donation 5 ☐ Other (Spec | city) | WOO | | N CEME | | 5/15/97 | BALTI | MORE | , MD. |
| any ir | | 21. Signature of Funeral Service Lice | ensee | | | 2. Name and Add | ress of Facility | | | | |
| sician | 1 | , | mblications that ca ylone cause on ea | | | | N STREE | | | 1 | Approximate Interval Between Onset and Death |
| edical miner are as the privile-trensit | an/Medical Examiner | shock, or heart failure. List of Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest | a | | as a consequence of the conseque | quente of): We live quenca of): | | | | 1 | Interval Between |
| edical miner or use as the buriel-trensit | Physician/Medical | Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events | a | Due to (or a Due to (or a | as a consequence | guence of): The Live quence of): quence of): | Pulmi | may L | Diseas | ntribute to | Interval Between Onset and Death |
| hes been signed by the attending physician end UD 99 2 should be detached for use as the buriel-trensit 1 1 1 | by Physician/Medical | Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest | a | Due to (or a Due to (or a | as a consequence | guence of): The Live quence of): quence of): | Pulmi | 23b. Did 10 24a. Was perfo | tobecco use con Yes 2/No | atribute to 3 Prob 24b. We ava com of d | Interval Between Onset and Death School Deat |
| ete hes been signed by the attending physician end Depage 2 should be detached for use as the buriel-trensit | e Completed by Physician/Medical | Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Part II. Other significant conditions 25. Was case referred to medical | a | Due to (or a Due to (or a | as a consequence | guence of): The Live quence of): quence of): | Pulmi | 23b. Did 10 24a. Was perfo | tobecco use con Yes 2 No an autopsy ormed? Yes 2 XNo | atribute to 3 Prob 24b. We ava com of d | Interval Between Onset and Death Salvey HO issues of death ably 4 Unknown re autopsy findings liable prior to inpletion of cause |
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| his certificete has been signed by the attending physician end ID all director, page 2 should be detached for use as the buriel-trensit | To Be Completed by Physician/Medical | Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Part II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Metural 5 Pending investigated. | a. b. Carrio c. contributing to dea Hospital: 1 In 28a. Dete of (Month) | Due to (or a Due to (or a ath but not resulting patient 2 EF | as a consequence of the conseque | guence of): Juence of): Juence of): Juence of): Atrial Mail Joon 10 28c. Inj. | Pulmi Pulmi Fibrila 128. Place of De ther: 4. Winning | 23b. Did 10 24a. Was performent (Check only of thome 5 Resident (Check o | tobecco use con Yes 2 No an autopsy | 24b. Wei ava con of d | Interval Between Onset and Death Science and Dea |
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| he Funeral Director: After this certificate has been signed by the attending physician end S plately filled in by the funeral director, page 2 should be detached for use as the buriel-trensit S process. | To Be Completed by Physician/Medical | Immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Part II. Other significant conditions Part II. Other significant conditions 25. Was case referred to medical examiner? 1 Yes No 27. Manner of Deeth 1 Netural investigation inves | a. b. All Till c. d. contributing to dea Hospital: 1 In In In In In In In In In In In In In | Due to (or a Due to (or a Due to (or a Due to (or a ath but not resulti patient 2 EF Injury Dey Year) of Injury - At homory, etc. (Specify) rest of my knowles of examination | as a consequence of the conseque | guence of): With Crive (guence of): uence of): uence of): Atrial Atrial 28c. Inj. M 10 11 12 11 12 12 13 15 15 16 16 17 18 18 18 18 18 18 18 18 18 | Pulmu Pulmu Filialla 26. Place of Dether: 4. Nursing 17 yes 2 \(\) No | 23b. Did 1 24a. Was period 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | tobecco use con Yes 2 No an autopsy ormed? Yes 2 No one) dence 6 Other how injury occurr Straet end Number wn, Stete) | 24b. We ava com of d | Interval Between Onset and Death Onset and Death School of Cause HD islands the cause of death ably 4 Unknown autopsy findings lable prior to upletion of cause eath? Yes 2 No |

egister's Signature

DHMH 16 Rev 6/95

State Registrar

31. Dete filed (Month, Dey, Year) MAY 14. 1997

| | | | | | C | ertificat | e of | Health and I | | Reg. No. | 1 6 | 16545 |
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| | 1. Dacedant's Name (Firs | st, Middla, Las | st) | | | | | | 2. Data of D | | | 3. Time of Death |
| rsician ledical | EdWAR | 1 | | ILLIE | - | n | TOR | GAN | Month | Day /5 / | 9 9 7 | 2:30 A |
| miner | 4e. Fecility Name (If not in | | | | | | | 4b. City, Town, or L | | | y of Death | |
| | Washington | | | ^ | | I If I laster | 1 Van | Takoma P | | | gomer | |
| al or | 5. Social Security Number 579–05–4441 Usual Rasidance of Dace | 1. | M 2□F | 7. Age (In yrs. 84 | Yrs | Months | Days | If Under 24 Hrs. Hours Min. | 8. Data of B (Month, D April | irth (Yaar) 1, 1913 | 9. Birthi Cou Vir | placa (Stata or Fora ntry) ginia |
| | | County | | 10c. Cit | ty, Town or | Location | | | | | | 10d. Inside City Limi |
| 1 4 | Maryland Pr | ince G | eorge's | Hva | attsv | ille | | | | | | 1 X Yes 2 □ f |
|)irec | 10e. Streef and Numbar | | | | | 10f. Zip | Coda | | | 10g. Citizan of | What Cou | ntry? |
| <u>e</u> | 3716 Jeffer | son St | reet | | | 20 | 782 | | | U.S.A. | | |
| Funeral Director | 11. Maritel Status | | 12. Was Deced Armed Ford | cas? | ,S. 1 | 3. Was Daced | danf of I | Ilspanic Origin? (Sp an, Maxican, Puarto | pecify Yas or No Rican, atc.) | o- 14. Ra | ce - Americ | can Indian, |
| by Fi | 1 Naver Marriad 2 | | 1 X Yas ∶ If Yas, Giva | 2 No 194 | 1- | 1□ Yas | | | ,, | Specia | | |
| 8 | | | Yaar or Da | tas: 194 | - | | | | | | VVII. | |
| Completed | (Specify only | | da complatad) | | 16e. Da (G. | icadant's Usua ive kind of wor a DO NOT us | al Occuj rk dona sa ratira | pation during most of world) | king | 16b. Kind of B | Businass/In | dustry |
| E | Elementery/Secondary | (0-12) | Collega (1- | 4or 5+) | | | | Foreman | | Private | o Ind | uetry |
| BeC | 17. Fether's Nema (First, I | Middle, Last) | | | 00110 | CIGCUI | 011 1 | 18. Mothar's Nam | a (First, Middle | | | dscry , |
| To B | John Morgan | | | | | | | Mary Bun | iff | | | |
| | 19a. Informant's Name/Ra | alationship (T | ype, Print) | | 19b. Ma | ailing Address | (Street | and Number or Ru | | ber, City or Town | , Stata, Zip | Coda) |
| | Rose Morgan | - Spo | use | | 371 | 6 Jeff | erso | n Street | , Hyatt | sville, | Mary | land 2078 |
| | 20a. Mathod of Disposition 1 Buriel 2 Cren | | Damaual from C | | Placa of Dis | sposition (Nan cramatory or o | na of | | Data | 20c. Location | | |
| | 4 Donation 5 0 | | | tata | | ncoln (| | | /19/97 | Brentwo | ood, | Maryland |
| Н | 21. Signature di Funeral S | Service Licens | 100 | 1 | | 22. Name an | d Addra | ss of Facility | ng Funo | | | |
| | Her | Cra X | to | 0 | | | | imore Ave | | | | |
| | 23a. Part1, Entar tha dise shock, or haart failur | ase, or comp | lications that ca | used tha deet | h. Do not | entar tha mod | a of dyi | ng, such as cardiac | or raspiratory | arrast, | 10, 11 | Approximete |
| n | | | | | | | | | | | | |
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| l r | Immedieta Cause (Finel disaasa or condition resulting in daath) | | a. Pr | Dua to (o | יכים! | | | | | | 1 | |
| | disaasa or condition resulting in daath) | | a. P. | Dua to (o | יכים! | a_ | | | | | | Onsat and Death |
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| edical Examiner | disaasa or condition resulting in daath) Sequantially list conditions if eny, laading to Immedic cause. Entar Underlying Causa (Disaesa or Injury that initiated events. | L | b | Dua to (o | or as a cons | sequance of): sequance of): | | | 23b. Dld | tobacco use co | | Onsat and Death Docy 5 |
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| by Physician/Medical | disaasa or condition resulting in daath) Sequantially list conditions if eny, laading to Immedie cause. Enter Underlying Cause (Disaesa or Injury thet Initiated evants rasulting In daath) Last Pert II. Other algnificant c | conditions con | bd | Dua to (o | or as a cons | sequance of): sequance of): | | | 23b. Did | tobacco use co Yee 2□ No | 3 Pro | Onsat and Death Dec y 5 o the cause of death bebly 4 Unknown |
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Registrar

31. Dete tiled (Month, Day, Year) MAY 19 1997

32. Registrar's Signature

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** GERTRUDE MCALEER A /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner ROCKVILLE MONTGOMERY CO.

If Under 1 Yeer If Under 24 Hrs. 8. Date of Birth
Months Deys Hours Min.

SEPT. 10, 1912 VIRGINIA SHADY GROVE ADVENTIST HOSPITAL 7. Age (In yrs. lest birthday) **Funeral** 1 M MOXE 577-03-8011 84 Yrs Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD. PRINCE GEORGES ADELPHI Director N Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20783 U.S.A. 1901- LEBANON STREET 238 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Orlgin? (Specify Yes or No-tf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Married 2 ☐ Married 21215-0020 "naturel", or 1 ☐ Yes 2 No Specify: þ Specify: WHITE 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Bustness/Industry ith end Mental Hygiene. 27 is marked other than "r r traumatic event, me Wes Elementary/Secondary (0-12) Cotlege (1-4or 5+) TYPIST & SWITCHBOARD OPERATOR- NO AVAILABLE 12 Baltimore, Maryland 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) s 1 and 2 should be fill f Haalth end Mental H tem 27 is marked oth Be LEROY EUGENE KLUGE DOVIE EDNA LYLE 20 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) or other tra REV.DR. REICHARD 9701- VEIRS DR., ROCKVILLE, MD. 20850 20b. Plece of Disposition (Neme of cemetery, cremetory or other p 20e. Method of Disposition Date 20c. Location - City or Town, Stete Pages nent of h 1X Burial 2 ☐ Cremation 3 ☐ Removel from State permit. Page Department of Important: If any injury or CEDAR HILL CEMETERY 5/16/97- SUITLAND, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility HYSONG CO., INC. 1300- N STREET, N.W., WASH., DC s thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, se on each tine. Approximate Intervat Between Onset end Deeth Physician /Medical Immediate Ceuse (Final ACUTE MYOCARDIAL INFANCTION disease or condition resulting in deeth) Examiner Examiner CORONARY ANTERY Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated avents resulting in deeth) Last Box 68760. DENTENSION Physician/Medical the for P.O. Pert tt. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 - Yee 2000 3 ☐ Probably 4 ☐ Unknown Records, Pe e by 24b. Were eutopsy findings avellebte prior to pege 2 should Completed 24e. Was en eutopsy performed? completion of cause of death? 25 NO 1 ☐ Yes 2 ☐ No Vital certific director, 25. Was case referred to medical Be 26. Ptace of Deeth (Check only one) exeminer? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) To Yes 2□ No of 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred Certification: 28c. Injury et Work? After Division Attending 1 Naturel 5 Pending investigation efter deeth. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of tnjury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) in by 4 Homicide 0 to the Hospital crithin 24 hours e 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, and due to the ceuse(s) and manner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) end manner stated. 29a. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Medical Center Drive Rockville

State Registrar

DAVID G. SROUR 9901 31. Dete filed (Month, Day, Year)
MAY 16 1997

the state of the s A. William

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth Month **Physician** ANNA L. MOORE 1997 /Medical Mau 9:18 PM 4e. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Doctors Community Hospital Lanham Prince Georges If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) Birthpleca (State or Foreign Country) 1□M 2₹F Days 39 Yrs. 217-74-2680 Sept. 7, 1957 Washington, NC Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Ves 2 □ No Director MD Prince George's Lanham 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3331 Hayes Street 20706 USA Funeral 12. Wes Dacedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Dacedant of Hispanic Origin? (Specify Yes or No-lt Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. 1 1 Never Married 2 ☐ Merried 1 Yes 2 No Specify: þ Black Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) Photo Editor Unavailable 17. Fether's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Arthur Moore Annie Moore 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Arthur Moore 3331 Hayes St., Lanham, MD 20706 20a. Method of Disposition 20b. Place of Disposition (Nema of cematary, cremetory or other place) 20c. Location - City or Town, Stete 5/10/97 1 CBurial 2 Cremetion 3 Ramoval from State 4 Donetlon 5 Other (See Landover, Maryland Harmony Memorial Park 21. Signature of Funeral Service Licer 22. Name and Address of Fecility Tyrone J. Young Funeral Services 5635 Fads Street, N.E. Wash., D.C. to not enter the mode of dying, such as cardiac or respiratory errest Approximate tnterval Between Onset and Deeth Immediete Ceuse (Final disease or condition resulting in deeth) Examiner Sequentially list conditions, if eny, leading to Immediete cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence ot): nervosa Dexia Due to (or es e consequance of) Pert II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? 25. Was case reterred to medical exeminer? 26. Plece of Deeth (Check only one) Inpatient 2 ER/Outpetient 3 DOA 1 Yes 25 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 1 Naturei 5 Pending investigation 1 Yes 2 No 2 Accident

buriel-transit The law requires that the death certificate be executed pue Box 68760, 98 P.O. been signed by the e should be deteched it Division of Vital Records. page 2 s certificate Hospital or Attending Physician: 24 hours efter death.
Funeral Director: After this certifica director. funeral in by the

Funeral

Director

r than "natural", or items 23a or 28a-f show the Medical Examiner regat be notified at

Baltimore, Maryland 21215-0020

1 and 2 should be filed within Health and Mentel Hygiene. em 27 is marked other than

6

Important: If Item 27 any injury or other tr

Physiclan /Medical

Examiner

þ Be

Physician/Medical Completed Certification: To

To the Within 2

lilled 24 hours

Medical

31. Dete tiled (Month, Day, Year) State MAY 12 Registrar

3 Suicide

29a. Certifier

4 Homicide

29b. Signature and track certifier

6 Could not be determined

Cartifying Physician: To the best of my knowledge, death occurred et tha tima, data and place, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the besis of exemination end/or investigation, in my opinion, death occurred et the time, dete end place, end due to the cause(s) end manner steted.

Location (Street end Number or Rurel Routa Number, City or Town, Stata)

8307

First Made Rd, Swife 109, Laurel MD

ess of person who completed ceuse ot deeth (Item 23e) (Type, Print) TAKY MOURT2

28e. Plece of Injury - At home, farm, street, tactory, office building, etc. (Specify)

DHMH 16 Ray 6/95

State of Maryland / Department of Health and Mental Hygiene

CHEVERLY MARYLAND 20785

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month 02:21 PM CARROL 02 JANET MACK MAY 1997 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner CENTER PHINCE GEORGES GERRES CHEVERLY PRINCE HOSPITAL 8. Dete of Birth (Month, Dey, Year)
Tilly 3,1946 If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6 Sex 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Deys Min. 1 M 2 XF Virginia Yrs. Director 245-72-6347 50 Usuel Residence of Decedent 10a Stete 10h County 10c. City. Town or Location 10d. Inside City Limits "naturel", or Items 23a or 28a-f show solical Examiner must be notified at 1X Yes 2 No Md Prince Georges Landover Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20785 USA 7809 Suiter Way Funeral death 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 72 hours after Yes 21 No Yes, Give Year or Detes: 1 ☐ Never Married 2 ☐ Married 21215-0020 Black 1 Yes 2 No Specify: Completed by Specify. 3 ☐ Widowed 4 ☑ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry than Elementary/Secondery (0-12) College (1-4or 5+) Hygiene. 12th Private Industry Care Giver Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Pages 1 and 2 should be filt ment of Health and Mental Hyant: If Item 27 Is marked oth lary or other traumatic even Be James C. McAllister Marian Summons 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 7809 Suiter Way, Landover, Md. Pam Knight (Daughter) 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) Forest Hill Cemetery May9, 1997 Clinton, Md. 21. Signature of Juneral Service Licensee 22. Neme end Address of Fecility Ralph Williams Funeral Service 517 - 11th St., SE; Wash., DC 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Betw Onset end Deeth Physician Immediate Cause (Final disease or condition resulting in deeth) /Medical . HYPERTENSIVE ARTERUSCUEROTIC CARPIOVASCULAR PISEASE Examiner Due to (or es e consequence of) Physician/Medical Examiner The law requires that the death certificate be executed the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): P.O. Box 68760, Due to (or es e consequence of) use es Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. should be detached 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ◯ Unknown á DIABETES MELLITUS Records, à Completed 24b. Were autopsy findings evaileble prior to completion of cause of death? 24a. Wes en eutopsy performed? page 2 After this certificate 1 Yes 2000 1 ☐ Yes 2 ☐ No of Vital Attending Physician: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) examiner? 2 Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient 2 ☐ R/Outpetient 3 ☐ DOA s after death.

I Director: After this of in by the funeral d 27. Menner of Deeth Certification: 28e. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Division 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 ☐ Homlelde ō To the Hospital o within 24 hours af To the Funeral DI Medical 29e. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

2 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the cause(s) end manner. On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end manner steted. PERUTY MENICAL EXAMINED V 32954 29b. Signature and title of certifier 29d. Dete signed (Month, Dey, Year) 33954 30. Neme end eddress of person npleted cause of death (Item 23a) (Type, Print)

Registrar

State

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31. Date filed (Month, Dey, Year)

3001 HOSPITAL PRIVE 32. Begistrer's Signeture

JR MD

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene

| ysician | Decedent's Name (First, M. | Aiddle, Las | st) | | | | | | 2. Dete of Month | D | av | Year | 3. Time of Deeth |
|--|--|-------------|---|--|--|--|--|--|---|---|---|--|--|
| /ledicai | ROBERT J. | | | | | | | | MAY | 15, | 1 997 | | 2:35 P.M. |
| aminer | 4e. Fecility Neme (If not instit | | |) | | | | | or Location of De | | c. County | | |
| | 9413 ROSMARIN | | | 41 | | If I look | a d Mass | LAUREL | | | | E GEO | |
| erai | 5. Social Security Number 579-52-0734 Usuel Residence of Deceden | | ex 7. Ag MIM 2□ F | ge (In yrs. 56 | lest birthda Yrs | Months | Deys | If Under 24 H Hours M | | Birth Dey, Yee 6, 19 | 940 | 9. Birthple Countr IOWA | ce (Stete or Foreign y) |
| 10 | 10a. State 10b. Con | | | 10c. Cit | y, Town or | Location | | | | | | 100 | d. Inside City Limits |
| to to | MARYLAND PRI | NCE G | GEORGE'S | L | AUREL | | | | | | | | 1 ☐ Yes 2 🖾 No |
| Director | 10e. Street end Number | | | | | 10f. Zi | p Code | | | 10g. C | itizen of V | Vhat Countr | y? |
| a le | 9413 ROSMARIN | N WAY | | | | 20 | 0708 | | | UN | ITED | STATE | S |
| Funeral | 11. Maritel Stetus | | 12. Was Decedent Armed Forces? | ? | ,S. 1 | 3. Was Dece If Yes, spe | edent of H | lispanic Origin? en, Mexican, Pu | (Specify Yes or erto Rican, etc.) | No- | | e - Americai ck, White, et | |
| by | 1 ☐ Never Married 2 💆 I 3 ☐ Widowed 4 ☐ Divor | | 1 X Yes 2 ☐ if Yes, Give Year or Detes: | No | | | | Specify: | | | Specify | | |
| i g | 15. Dece (Specify only hi | dent's Ed | ucation | | 16e. De | cedent's Usu | ei Occup | etion | enrikina. | 16b. | KInd of Bu | usiness/Indu | istry |
| Completed | Elementery/Secondery (0-1 | | College (1-4or | 5+) | | | | during most of w | Orking | | | | |
| 3 | 12 | | | | LITH | IOGRAPI | IER | | | | | | RNMENT |
| B B | 17. Father's Neme (First, Mid | dle, Last) | | | | | | | ame (First, Mide | tle, Maide | n Sumem | 10) | |
| 2 | REX MILLER | 1 L. 1. CT | T. F. Dist | | 1 | | 46 | | HURLEY | | | | |
| | 19a. Informant's Name/Relet | | | | | - | | | Rural Route Nu | | | | |
| 01 | BETTY J. MILI | LEK, | WIFE | 20b. P | | | | | AUREL, | - | | 2070 City or Tow | |
| | 1 ⊠ Buriel 2 ☐ Cremeti | ion 3 🗆 | Removel from State | | | sposition (Ne | | | 1 | | | | |
| | 4 Donation 5 Othe 21. Signature of Funerei Serv | | | FO. | KI LI | NCOLN | | STERY ss of Fecility | 3/20/9 | / BRI | ENTWO | JOD, M | ARYLAND |
| any injury or o | Day of the control of | 2 | 1 1 | | | | | | RAL HOM | E | | | |
| | Fausa | 0/0 | when | ב | | 3401 F | BLADE | NSBURG | RD., BR | ENTW(| OOD, | | 0722 |
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State of Maryland / Department of Health and Mental Hygiene 0.7

| | | | | | | Certificate o | f Death | Re | eg. No. | 1 | 0001 |
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| П | Discolation | | Decedent's Neme (First, Middle, Last | 0 | | | | 2. Dete of Deet Month | h Dey | Yaer 3 | 3. Time of Death |
| J | Physic /Medi | | Eleanor E. M | CGillicudd | y | | | May | | 997 | 12:45cm |
|) | Exami | | 4a. Fecility Neme (If not institution, giva | street end number) | | | 4b. City, Town, or L | ocation of Death | 4c. County | of Death | |
| 1 | | | Lorien Nursing Hom | ne | | | Columb | ia | Н | ward | |
| | Funeral Director | | 5. Social Security Number 6. Sa 212-24-9808 | x 7. Aga □M 2⊠F 97 | (In yrs. lest bi | rthday) If Under 1 Yaw Months Day | | 8. Dete of Birth (Month, Dey, Feb 21, | Year) 1900 | 9. Birthpleco Country) Maryla | e (Stete or Foreign and |
| | year I | | 10e. Stete 10b. County | | 10c. City, Tow | n or Location | | | | 10d. | Inside City Limits |
| | Man | to | Maryland Howard | | E1 | licott City | 7 | | | | 1 ☐ Yes 2 ◯ No |
| | h the | Director | 10e. Street end Number | | | 10f. Zip Code | | 10 | 0g. Citizen of V | Vhet Country | ? |
| | h wit | | 4735 Bates Drive | | | 210 | 43 | | United | State | 25 |
| 120 | 72 hours after death with the Marylend natural, or items 23a or 28a-f show oreal Examiner must be notified at | by Funeral | 11. Merital Status 1 Never Merried 2 Merried 3 Widowed 4 Divorced | 12. Wes Decedant Ev Armed Forcas? 1 Yes 2X No It Yes, Give Yaer or Datas: | | 13. Wes Decedent o | t Hispanic Origin? (Si uben, Maxican, Puerto o Specify: | pecify Yas or No- Rican, etc.) | | - American k, White, etc. | |
| Ö | 72 hours natural, | 8 | 15. Decedent's Edu | | 160 | . Decedent's Usual Occ | unation | | 16b. Kind ot Bu | White | |
| Maryland 21215-0020 | | Completed | (Specify only highast grad | le completed) | | (Give kind of work don life. DO NOT use reti | e during most of wor | king | TOD. TANIG OF DE | 011000111000 | ., |
| 21 | filed within Hygiene. other than " | E | Elementery/Secondery (0-12) | College (1-4or 5+ | , | cretary | | | Medi | cal | |
| p | | Bec | 17. Fathar's Name (First, Middla, Last) | | | | 18. Mothar's Nam | a (First, Middle, N | feiden Sumam | a) | |
| /lai | 2 should be end Mental is marked or reumatic eve | To | Charles Supik | | | | Emma K | oslovsky | | | |
| an | | | 19e. Intormant's Neme/Relationship (T) | vpe, Print) | 198 | . Mailing Address (Stre | et end Number or Ru | ral Route Number, | City or Town, | Steta, Zip Co | de) |
| Z. | ges 1 and 2 should t of Health end Men If Item 27 is marke or other traumatic | | Eleanor C. Rascoe/ | Granddaugh | ter 47 | 35 Bates Di | rive Ellic | ott City | . MD 21 | 043 | |
| ore | of He | | 20e. Method of Disposition | | 20b. Plece of | f Disposition (Neme of | | Dete | 20c. Location - | City or Town, | State |
| Ĕ | Peg nant: H | | 1 ☑ Burial 2 ☐ Cremetion 3 ☐ F 4 ☐ Donetion 5 ☐ Other (Specify) | | Holy | Redeemer Ce | metery 5 | -15-97 | Baltimo | re, Ma | ryland |
| Baltimore, | permit. Peges 1 and 2 Department of Health of Important: If item 27 is any injury or other tre once. | | 21. Signeture of Funerel Service Licens | 00 | | 22. Name and Add | ress of Facility Witzke Fu | noral Ho | mo Inc | | |
| m | Dep impo | | Stanley M. Lo | rewner | _ | 4112 013 | Columbia | Pike Ell | icott (| ity N | m 21043 |
| | | | 23e. Part1. Entar tha disease, or compleshock, or heert teilure. List only or | licetions thet caused the ceuse on eech line | ha deeth. Do | | | | | Ap Int | proximate erval Between |
| | Physician /Medical | | Immediete Causa (Final | C , | 0.1 | 10 | 7 | / | | | nset and Deeth |
| | Examiner | | disaese or condition resulting in deeth) | End | Joseph | se Alz | aline | ies de | wer | tra | pages |
| Н | | 6 | 631700-8010-0-0 | D | ue to (or es e | consequence of): | | | | \ \ | |
| | nsit | Examiner | | b | | | | | | 1 | |
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| 68 | ertificate ling phy e as the | Medical | resulting In deeth) Last | Di | ua to (or as a | consequance of): | | | | | |
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| | the death ce y the ettendi | icla | Pert II. Other significant conditions cor | atribution to doub but | not requiting t | a the wederholder severe | shoo in Dort I | OSh Did to | hanna 1100 nor | delburto do ab- | e cause of death? |
| o. | by the | by Physician/ | of A A | n o o | not resulting i | in the underlying cause (| given in Pert I. | 1 Ye | / | | e cadee or death? Iv 4 □ Unknown |
| ď. | s that med b | γ | High blurs | per | sur | e | | | To the | 0 | iy 4 Donkilowii |
| Vital Records, | law requiras that the death ce as been signed by the ettend s 2 should be dateched for us | Pa | | , | | | | 24a. Wes er | | | autopsy findings ble prior to |
| ပ္ပ | s bee | ojet | • | | | | | perform | ied r | | etion of cause |
| R | The law ate has page 2 | Completed | -4 | | | | | 1 ☐ Ye | s 2 IN | | es 2 No |
| ta | | Be C | 25. Wes case raferred to medical | | | | 26 Piece of Dee | th (Check only one | | , , , | |
| > | Physician: rthis certific and director, | 0 | exeminer? | lospital: | 2 ER/O | utpatient 3 DOA | Wher: | ome 5 Reside | | er (Snecify) | |
| o | Phys eral di | - | 27. Menner of Death | 28e. Dete of Injury | 28b. | Time of 28c. In | | 28d. Dascribe ho | | | |
| o | oding oth. | atlo | 1 Naturel 5 Pending investigation | (Month, Day | rear) | | ork? □Yas 2□No | | | | |
| Division | l or Attending efter deeth. Director: After d in by the fune | Certification: | 3 Sulcide 6 Could not be determined | 28e. Plece ot Injury building, etc. | | erm, street, fectory, offic | 9 | 28t. Location (Str City or Town | | er or Rural Ro | oute Number, |
| | To the Hospital or Attending Ph within 24 hours efter deeth. To the Funeral Director: After thi completely filled in by the funeral | edical C | 29a. Certifier (Check only one) Certifying Physical Examination | elcian: To the best of ener: On the basis of ener menner stete | xeminetion an | e, deeth occurred et the d/or Investigetion, in my | time, dete end plece, opinion, deeth occur | end due to the ca red et the time, de | use(s) end ma ite end plece, o | nner es stete | d. ceuse(s) |
| | To the within To the comple | Me | 29b. Signature and title of certifier | | | | nsa number | 29 | d. Dete signed | (Month, Day | , Year) |
| | 1 | | Kulian 16 | Celul | up | \$ 3 | 410lis | | May | 14,1 | (583) |
| | 7 | | 30. Neme end eddress of person who co | empleted cause of dea | th (ftem 23a) | Type, Print) Aug | undis | lord | Ellica | # co | to 2/0/2 |

State Registrar

31. Dete tiled (Month, Dey, Year) MAY 1 4 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Edgar Lee MOATS /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Washington County Hospital Washington Hagerstown | If Undar 1 Year | If Undar 24 Hrs. | 8. Data of Birth (Months, Day, Year) | Sept. 23, 1927 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 1⊠M 2□F Yrs. 219-20-4978 69 Maryland Usual Residence of Decedant 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1X Yas 2 No Maryland Washington Hagerstown 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 743 Maryland Avenue 21740 USA Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - American Indian, Biack, Whita, atc. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1945 1 Navar Marriad 210 Married 1 ☐ Yas 2 No Specify: þ Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Collega (1-4or 5+) maintenance retirement home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be Wyatt Franklin Moats, Sr. Launa Missouri Boyer 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Barbara A. Moats - wife 743 Maryland Ave., Hagerstown, Maryland 21740 20b. Plece of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ₺ Burial 2 □ Cramation 3 □ Ramoval from State Cedar Lawn Memorial Park 5-23-97 4 ☐ Donation 5 ☐ Othar (Spacify) Hagerstown, Maryland 21. Signatura of Fundfal Service Licensee 22. Nama and Addrass of Facility MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heer feilure. List only one cause on each line. Onsat and Death Immediate Causa (Final days disease or condition resulting in death) ance of:

Lip pay yearthy with dorkhis syspection ance of: Examiner Sequantially list conditions, if any, laeding to Immadiate causa. Entar Underlying Causa (Diseasa or Injury that Initiated avants rasulting in death) Last Physician/Medical Dua to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 3 Probably 4 □ Unknown 1 Tyes 2 No by 24b. Wara autopsy findings available prior to complation of ceusa of death? Be Completed 24a. Was an autopsy performed? 25. Was cese rafarrad to madical axaminar? 26. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 25 No Certification: To ↑ Unpatienf 2 ER/Outpatient 3 DOA 27. Mennar of Death 28b. Time of 28d. Dascribe how injury occurred 28c. Injury et Work? 5 Pending investigation Natural 2 Accident 1 Yes 2 No 3 Suicida 6 Could not be detarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 - Homicida Certifying Physicien: To the bast of my knowledge, deeth occurred at the time, data and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. 29a, Certifian Medical 29b. Signature and title of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year)

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been signed by the ettending should be detached for use as After this certificate Hospital or Attending Physician: death. 24 hours after deat Funeral Director: within 24 hou To the Funer completely file To the

Funeral

Director

th end Mental Hygiene. 7 is marked other than "naturel", or items 23s or 28s-f ehow treumstic event, the Medical Examination must be notified at

permit. Pages 1 end 2 should be filed within 72 hours efter to Department of Health end Mental Hygiene. Important: If item 27 is marked other than "naturel", or item any injury or other treumetic event, the Med call East

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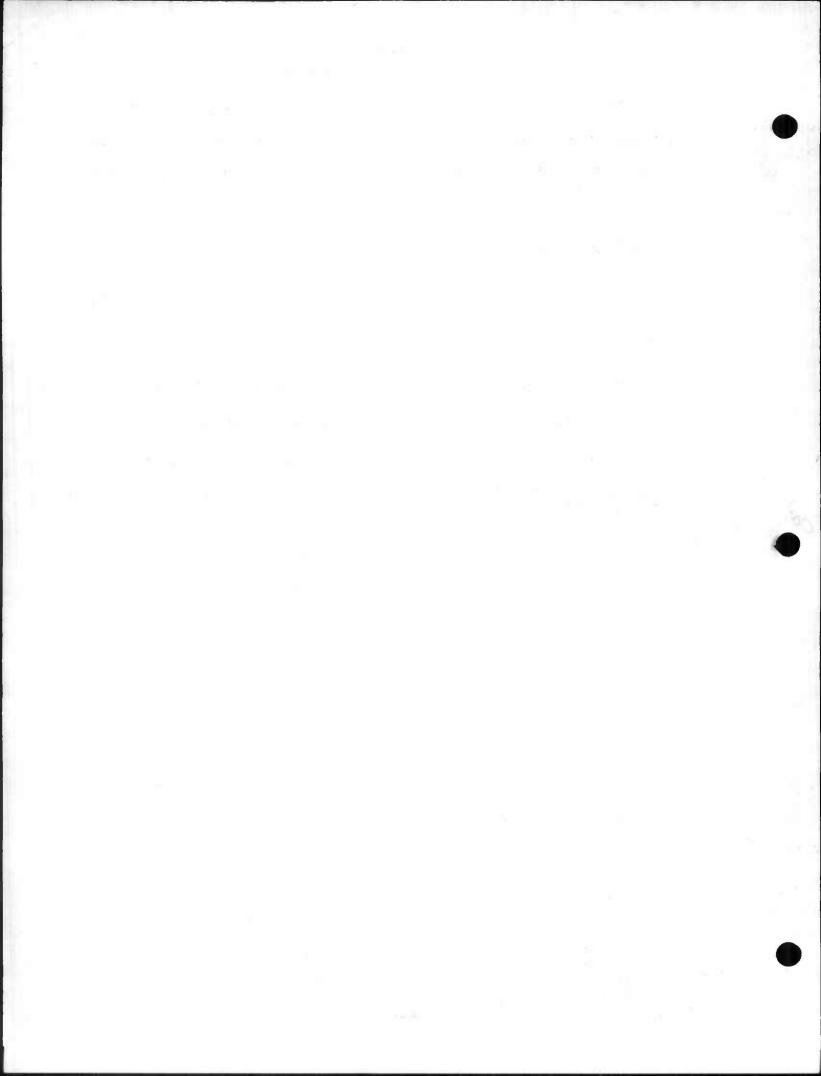
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Registrar

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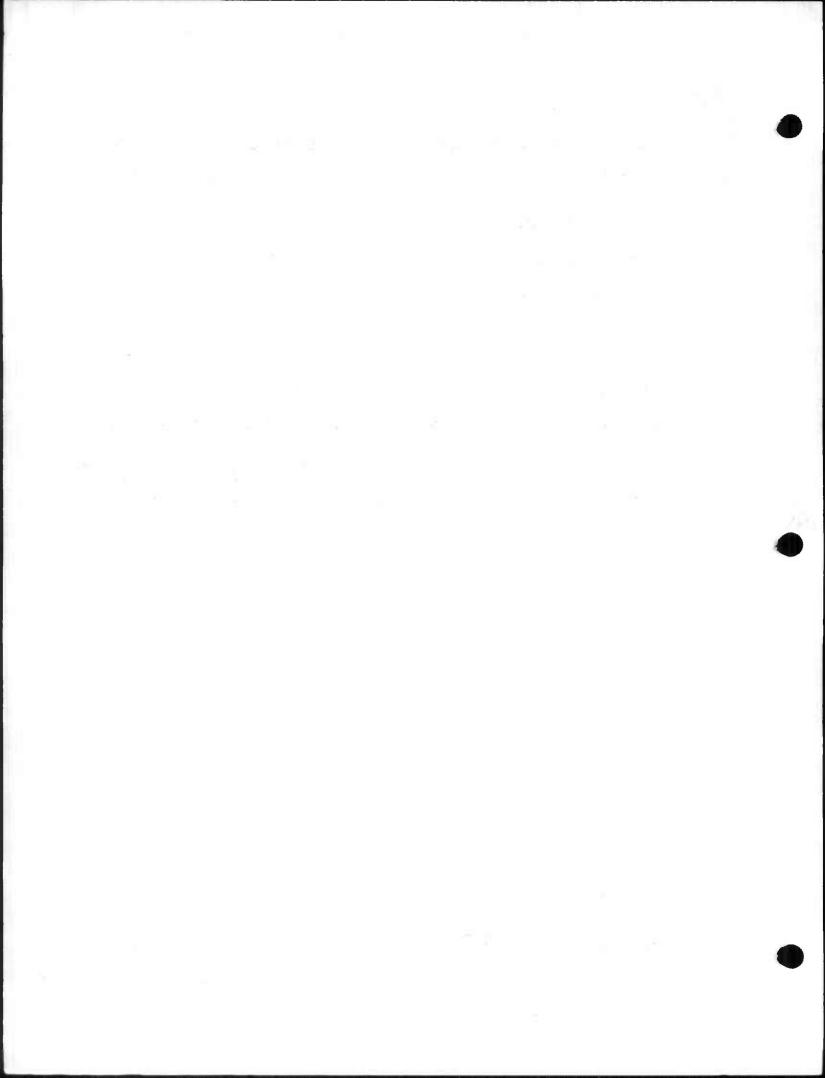
ess of parson who complated cause of deeth (Item 23e) (Type, Print)



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| | the Maryli 28a-f sho | Director | MD 10e. Street and No | Mont | gomery | | | | hersburg | | 10g. Citizan of \ | | 1X Yes 2□No |
| | h with | aj Di | 22,000,000,000 | ssell Av | enue | | | 1011 20 0000 | 20877 | 7 | | USA | .,,, |
| 0700 | permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: if Item 27 is marked other than "natural", or Items 23a or 28a-f show any Injury or other traumatic event, the Modical Examiner must be notified at once. | by Funeral | | rried 28 Merriad | 12. Was Decedar Armed Forcer 1 1 1 Yes 2 1 1 Yas, Give Yeer or Detes | s?] No | ,S. 13. | Was Decedant of if Yas, specify Cu | Hispanic Origin? (iban, Maxican, Pua o <i>Specity</i> : | Spacify Yes or Norto Rican, atc.) | o- 14. Rac Blac | ce - Amarico ck, Whita, a v: Whita | itc. |
| 0-61717 | I within 72 ho lene. Than "natur the Wedical | Completed | (Spe | 15. Decedant's ecify only highast g condary (0-12) | | r 5+) | (Giv | DO NOT use retir | a during most of w | orking | 16b. Kind of B | usinass/Ind | ustry |
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| Mar | d 2 shoth and the market traum | | 19a. tnformant's h | Neme/Raiationship | (Type, Print) - Son | | | ing Address (Street) | et and Number or F | | | | |
| pannuore, | Pages 1 an lent of Heal nt: If Item 2 ry or other | | 20a. Mathod of Dir | sposition | ☐Ramoval from State | 0 | Ptace of Disp cematary, cra | osition (Nema of ametory or other p | | Date 5/16/97 | 20c. Location | | |
| Dall | permit. Departm Importa any inju | | | unaral Sarvice Lie | | | 2 | 22. Nama and Add | ress of Facility J | oseph Ga | wler's | Sons | 20016 |
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|) i | Physician /Medical Examiner | | tmmadiata Causa disaasa or conditi rasulting in daath) | on | a. Car | -dio | -pul | monar | y arre | est | | | min |
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| | ifclan: The lev certificate has rector, page 2 | O | | | | | | | | 10 | Yas 2□No | 1□ | Yes 2□ No |
| Ž | ysiclan s certif directo | o Be | 25. Was case refa examiner? 1 ☐ Yas 2 ☑ | / | Hospitel: 1 ☑ Inpa | tiant 2 🗆 | ER/Outpetle | ent 3 DOA | ther: | aath <i>(Chack only</i> Homa 5 ☐ Res | | ar /Snecity | 1 |
| | To the Hospital or Attending Physician: The is within 24 burs effect death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page | ation: T | 27. Menner of Dea 1 ☑ Natural 2 ☐ Accidant | 5 Panding invastiget | 28a. Deta of tr (Month, L | | 28b. Tima Injury | of 28c. inj | | 1 | how injury occur | - ' ' ' | |
| | itai or Atta irs efter de rai Directo | Certification: | 3 ☐ Suicida 4 ☐ Homicida | 6 Could not determine | building, | | | traet, factory, office | | City or To | (Street and Numb wn, Stata) | | |
| | the Hosp hin 24 hou the Fune npletely fil | Medical | 29a. Cartifier (Check only one) | 2 | Physician: To the bes aminer: On tha basis and manner: | of axamine | wledge, dae tion and/or in | nvastigation, in my | opinion, daath occ | e, and dua to tha currad at tha tima, | data and placa, | end due fo | tha cause(s) |
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State Registrar

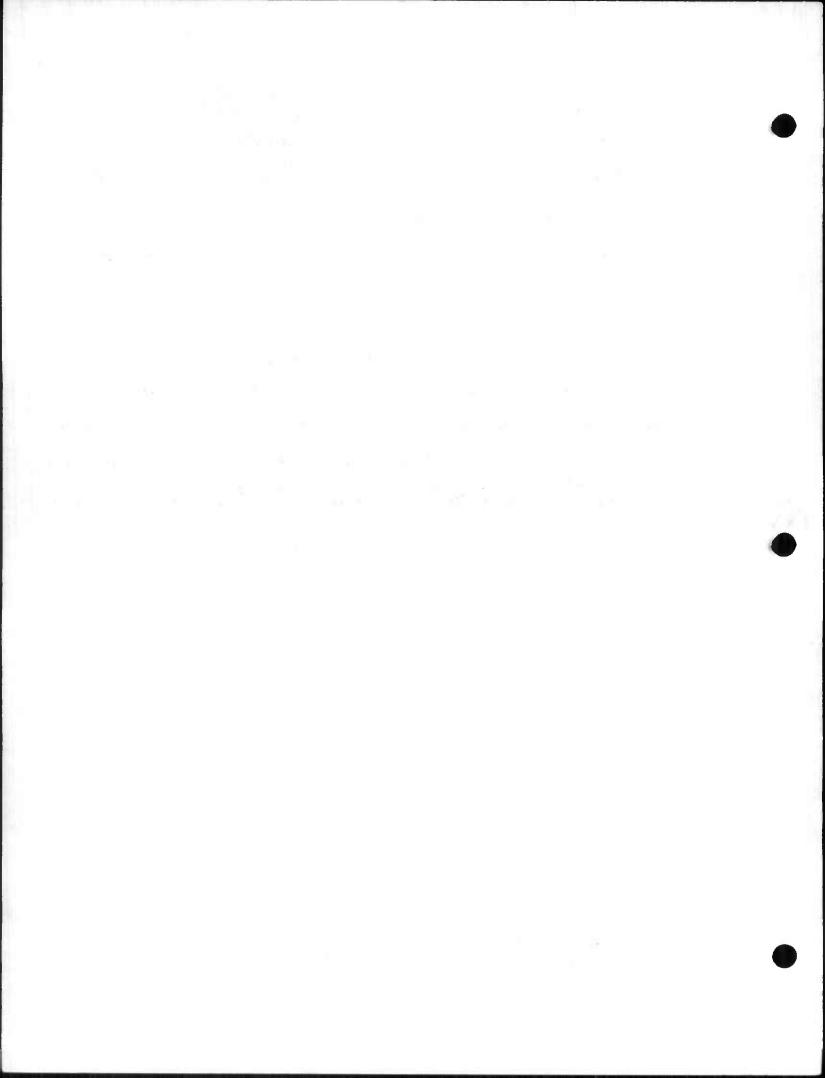
32. Registrar's Signatura



State of Maryland / Department of Health and Mental Hygiene 97 16554

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| aminer | The state of the s | | , give street and numb | er) | | 4 | | or Location of Deeth | | y of Death | |
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| ral tor | 5. Social Security | 4650 | 6. Sex 7. 1 ☐ M 2 💢 F | Age (In yrs. | last birthday) Yrs. | Months Deys | If Under 24 H Hours M | s. Dete of Birt (Month, De June 2 | 7, Year) 3, 1906 | 9. Birthplece Country) Ch 1 1 | (Stete or Foreign |
| | Usuel Residenca | 10b. County | | 10c. Cit | y, Town or Loca | ation | | | | 10d. | Inside City Limits |
| ō | Maryland | Montg | Omerv | | Bethesda | | | | | | I □ Yes 2 No |
| Funeral Director | 10e. Street end N | | onie i y | | Je cile suc | 10f. Zlp Code | | | 10g. Citizen of | What Country? | |
| ompleted by Funeral Director | 6007 Nam | akagan F | Road | | | 20816 | 5 | | | States | |
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| by Fur | | rried 2 Merrie | Armed Force ed 1 Tes 2 If Yes, Give Yeer or Dete | No No | | Yes, specify Cubs XiYes 2□ No | | Chilean | Specia | nck, White, etc. | i te |
| P | | 15. Decedent' | s Education | | 16e. Decede | ent's Usuel Occup | ation | | 16b. Kind of B | Business/Industr | у |
| Completed | (Specific Control of C | | t grade completed) College (1-4 | or 54) | (Give ki | ind of work done of NOT use retired | during most of w ii) | vorking | | | |
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| BeC | 17. Father's Neme | e (First, Middle, L | .ast) | | | | 18. Mother's N | leme (First, Middle, | Maiden Sumei | me) | |
| P. | Ramo | n Va | argas | Clark | | | Ange | ela | La Fren | tz | |
| | 19e. Informent's I | Neme/Reletionsh | alp (Type, Print) | | 19b. Melling | Address (Street | and Number or | Rural Route Numbe | er, City or Town | n, Stete, Zip Coo | de) |
| once. | Maria S. | Alborno | oz Dau | ghter | | | | Bethesda | , Maryl | and 20 | 816 |
| | 20e. Method of Di | | 3 □Removel from Ste | 20b. P | Pleca of Disposi cemetery, creme | ition (Name of etory or other piec | >e) | Dete | 20c. Location | - City or Town, | Stete |
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| Phys | Pert II. Other sign | | | h but not res | uiting in the unc | | en in Part I. | 23b. Did (| | | o cause of death? y 4 □ Unknow |
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 97 16555

| | | | | | Certif | icate of | Death | R | eg. No. | * | |
|--|----------------|---|--|-------------------|--------------------------|-------------------------------|--------------------------------|------------------------------------|-----------------|---------------------|--|
| Dhua | 1-1 | Decedent's Neme (First, Middle, La. | st) | | | | | 2. Date of Deet Month | h | Viii | 3. Time of Deeth |
| Phys /Me | ician dical | TACTOR | G. | MOTY | KA | | | MAY | 12, | 1997 | 6:55 AM |
| | niner | And The office Administration of the analysis of the same | e street and number) | | | | 4b. City, Town, o | Location of Deeth | 4c. County | of Death | |
| | | FERNWOOD MAN | | URSIN | | | BETHES | | Me | ONTG | OMERY |
| Funer | | 5. Social Security Number 6. S | TVM 20 E | (In yrs. last bir | birduly | Under 1 Year onths Days | If Under 24 Hi Hours Min | n. (Month, Day, | | 9. Birthpi Count | iace (State or Foreign try) |
| Directo | OF- | 579-50-5487 Usual Residence of Decedent | | 92 | 115. | | | OCT. 4 | , 1904 | WAS | SH. D.C. |
| /land | | 10a. State 10b. County | 1 | IOc. City, Tow | n or Location | on | | | | 10 | Od. Inside City Limits |
| Man | P | MD. PRINCE | GEORGES | T | BOWIE | | | | | | 1 No Yes 2 No |
| r 28s | Director | 10e. Street and Number | di origina | | | Of, Zip Code | | 1 | Og. Citizen of | What Coun | try? |
| h wit | | | I.A. | | | 207 | 716 | | T1 | CA | |
| deet ms | Funeral | 11. Marital Status | 12. Was Decadent Ev Armed Forces? | er In U,S. | 13. Was | Decedent of I | lispanic Origin? | Specify Yes or No- | 14. Rad | e - America | an Indian, |
| 72 hours efter deeth with the Maryland neturel, or items 23a or 28a-f show alca Examer must be not find at | | | 1 ☐ Yes 2 M No If Yes, Give | | | yes 2⊠No | en, Mexican, Pue Specify: | no Rican, etc.) | | ck, White, e | atc. |
| iours iral', | d b | | Year or Dates: | | | 162 574140 | эреспу: | | Specify | /: W | HITE |
| d within 72 hours jiene. r than "natural", I're Modical Ex | Completed | 15. Decedent's Ed (Specify only highest gra | | 16a. | Decedent's (Give kind | s Usuel Occup of work done | petion during most of width | orking | 16b. Kind of B | usiness/Ind | lustry |
| within ene. | mp | Elementary/Secondery (0-12) | College (1-4or 5+) | | | | d) | | | | |
| e filed value al Hygie other t | | | 5+ | | C. | P.A. | 4D Mashada Ni | | | OUNTI | NG |
| 0 0 0 0 | Be | | IIIO Nome | F.A. | | | 18. Mothers N | ame (First, Middle, A | faiden Suman | 16) | |
| s 1 and 2 should b I Heelth and Ments tem 27 is marked other traumatic e | 은 | JOSEPH LO 19a. Informent's Name/Relationship (7) | UIS MOTYK | | Molling As | Adress /Ct | | EMMA | | LACEK | |
| ond 2 selth an 27 is | | FAYE M. HOFFMAN | | 130 | | | | Rural Route Number | City or Town, | State, ZIP | Code) |
| of Heelth of Heelth of Heelth other tra | 4. | 20e. Method of Disposition | DAUGHTER | 20b. Piace of | SAME Disposition | n (Name of | TEM #10 | Dete | 20c. Location - | City or Tox | wn State |
| Peges nent of int: If lit | | 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify | | | | ry or other pla | | | | | |
| ortan Injur | | 21. Signature of Funeral Servica Lican | | CHAME | | REMATO | | 5/12/97 | RIV | ERDAL | E, MD. |
| permit. Peges Department of Important: If I any injury or | Suc | Allallalla | | | | | | | | | |
| - | | 17/1-11 Gui | neme | | CHAM | BERS F | UNERAL H | IOMES, P.A. | , RIVE | RDALE | , MD.20737 |
| | | 23a. Pert1. Enter the disease, or comp shock, or heart failure. List only | one cause on each line. | e death. Do r | not enter the | e mode of dylr | ng, such as cardi | ac or respiratory arre | est, | | Approximate Interval Between |
| Physicia: /Medica | _ | Immediate Ceuse (Finei | 000 | ina | Ann | A | | | | 1 | Onset and Death |
| Examine | _ | disease or condition resulting in deeth) | · CHU | INC | alex | 1000 | | | | | O Allmoto |
| | ē | | | e to (or es a d | | | min 1 | b x x A. | ni. | 1 | 2 - YHAA + |
| d | Examiner | | ATHOUGH & | | | | MOIOOK | Becube | Une | 11/2: - | 30 YEARS |
| in an | Exa | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury | D | be to (or as a c | | 20 OT): | | | | 12 | - YISM. |
| ettending physician and for use es the buriel-trensit | edical | thet initiated events | C | | | | | | | -11 | 0 161915 |
| g phy | pa | resulting in death) Lest | 50 | e to (or es a c | onsequenc | e oi): | | | | } | |
| nogen | Z | | d | | | | | | | | |
| e ette | Physician | Part II. Other significant conditions co | ntributing to death but r | ot resulting in | the underi | vina cause air | on in Port I | 23h Did to | 2000 1100 001 | atribute to | the cause of death? |
| by th | hys | | y to down but | ot recounting in | r trio diridon, | ying cause giv | on in role i. | 1 \(\text{Ye} | ~/ | | ably 4 Unknown |
| pe de | by F | | | | | | | | 2,500 | 001102 | ably 4 onknown |
| been signed by the should be deteched | | | | | | | | 24a. Wes er | | | re autopsy findings |
| 10 01 | Completed | | | | | | | perform | ied? | com | ileble prior to npletion of cause leath? |
| ate hes been signed by the page 2 should be deteched | Eo | | | | | | | 1 □ Ye | s 2000 | | Yes 2□ No |
| tiffica tor, p | BeC | 25. Was case referred to medical | | | | | 26 Place of De | ath (Check only one | 2 | | 165 2010 |
| r this certificate hes | To | examiner? 1 Yes 2 No | Hospital: | 2 ☐ ER/Out | tpatient 3 | □ DOA Oth | - / | Home 5 ☐ Reside | | er (Specify) |) |
| h. After this certific funeral director, | | 27. Manner of Deeth | 28a. Date of Injury (Month, Day Yo | 28b. T | ime of | 28c. Injur Wor | y at | 28d. Describe ho | | | |
| efter death. Director: After d in by the fune | atlo | 2 Accident 5 Pending Investigation | (WOTH), Day 1 | oar/ | njury N | | Yes 2 □ No | | | | |
| er de | ertification: | 3 Suicide 6 Could not be determined | 28e. Piace of Injury building, etc. (| - At home, far | m, street, f | actory, office | | 28f. Location (Str City or Town | eet and Numb | er or Rural | Route Number, |
| within 24 hours efter To the Funeral Dire completely filled in b | Ce | V = 7151111500 | building, etc. (| эрөспу) | | | | City of Town | State) | | |
| uner uner | | 29a. Cartiful 1 Certifying Phy | aician: To the best of m | ny knowledge, | death occu | urred at the tin | ne, date and piac | e, end due to the ca | use(s) end ma | nner as sta | ited. |
| the F | edical | 2 medical Exami | ner: On the basis of ex end manner steted | amination end | vor investig | etion, in my o | pinion, death occ | urred et the time, da | te and piace, | and due to | the cause(s) |
| To t | Σ | 29b. Signature and title of certifier | MAC | | | 29c. Licens | | | d. Date signed | | |
| 10 | | | MO. | | | V | 1236 | evius | 5/R/9 | 7 | |
| | | 30. Name and address of person who co | ompieted cause of deet | h (Item 23a) (| Type, Print) | 0. | . 0 | . 1 | \ | | |
| | | CARL I. MARGO | ich, IIICS | ROCK | UW | 2 LIKE | 2 1 Acct | 2 July | MO J | JOBS | L |
| S | tate | 31. Date filed (Month, Day, Year) | 32. Registrer's | Signature | 4 | | | | | | |
| Domin | A 40 M | KAUV 1 2 711 | | /1. | 75 1 | | | | | | |

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| | | Decedant's Nama (First, Middle, L | get) | С | ertificate of | Death | 1 | Reg. No. | | 2 Time of David |
|--|----------------|---|--|-------------------------|---|--|--|-------------------------------------|------------------------------------|--|
| Physi | | Phyllis Hop | | r | | | 2. Data of Dea Month May | Day | Yaar 1997 | 3. Tima of Daath 11:00 P |
| /Med Exam | | 4a. Facility Nama (If not institution, g | | | | 4b. City, Town, or L | | | | 11.00 1. |
| | | Carroll Manor N | ursing Hom | e | | Takoma Pa | ark | Mont | gomer | у |
| Funera | | Sociel Security Number 6. | Sax 7. Ag 1 M 2 F | a (In yrs. iast birthde | Months Davs | If Undar 24 Hrs. Hours Min. | 8. Data of Birth | h Year) | 9. Birthple | aca (State or Foreign hy) .nia |
| Directo | r | 228-16-1101 Usuel Rasidanca of Dacedent | IDW ZWL | 75 Yrs. | | | Sep. 2I | 1921 | Virgi | lnia |
| /land | | 10a. Stata 10b. County | | 10c. City, Town or | Location | | | | 10 | Od. fnside City Limits |
| Man | ţ | Maryland Montgom | ery | Silver | Spring | | | | | 1 ☐ Yas 2 ☐ No |
| or 28 | Director | 10e. Street and Number | | | 10f. Zip Coda | | | 10g. Citizan of V | What Count | try? |
| 23a 23a | | 9737 Mt. Pisgah | Road, Apt. | 512 | 2090 |)3 | | USA | 1 | |
| d within 72 hours after death with the Maryland jens. r than "natural", or items 23s or 28s-f show the Madical Examinet insuit be incitied at | by Funeral | 11. Marital Status 1 □ Navar Married 2 □ Marrlad 3 □ Widowed 4 ☑ Divorced | 12. Was Dacadant Armad Forcas? 1 ☐ Yas 2 ☑ If Yas, Giva Yaar or Datas: | | 3. Was Decedant of H If Yas, specify Cub 1 ☐ Yas 2 ☒ No | | pecify Yas or No- o Rican, atc.) | 14. Rac Blac Specify | a - Amarica ck, Whita, a Whi | itc. |
| . c . g | Completed | 15. Decedent's I (Specify only highest g Elemantary/Secondery (0-12) | | lite | cedant's Usuel Occup ive kind of work done b. DO NOT use retire | pation during most of world) | king | 16b. Kind of Bu | usiness/Ind | ustry |
| filed with Hygiena. other than | 5 | 12 | | | Salespers | | | | ail | |
| I be filed ntal Hygi od other event, ii | B | 17. Fathar's Nama (First, Middle, Las | | | | 18. Mothar's Nam | | | na) | |
| should be and Mental a | 2 | James J. L. Creg | | 40h 14 | alling Addrass (Streat | | cClellan | | Chata 7 | Cadal |
| nd 2 s lith an 27 le r r treur | | Dorothea Demma / | | | 7 Mt. Pise | | | | | |
| is 1 and 2 of Haaith a Item 27 is other tree | | 20a. Mathod of Disposition | | | sposition (Name of rematory or other place | | Data | 20c. Location - | | |
| Pagas nant of h | | 1 ☑ Burlal 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Spec | | | en Cemeter | | /12/97 1 | Roanoke | . Vir | ginia |
| permit. Pagas 1 and 2 should be filed Department of Haalth and Mental Hyp Important: If Item 27 Is marked other and Injury or other treumatic event, once. | | 21. Signatura of Funaral Sarvice | gada Carlo | | 22. Nama and Addra 11800 New Silver Spi | Hampshir | e Avenue | 2 | neral | Home |
| 175 | | 23a Part1. Enter the disease, of cor shock, or heart failura. List only | mplications that caused | he death. Do not a | antar tha moda of dyir | ng, such as cardiac | or raspiratory an | rast, | | Approximete Intarval Batwaan |
| Physician /Medical | | Îmmediata Causa (Final disaase or condition | . CARC | | Lyn | | | | | Onsat and Death |
| Examiner | | rasulting in death) | a. — // — | Dua to (or as e cons | | | | | | 72 |
| y transit al-transit | Examiner | Saquantially list conditions, if any, laading to immadiata | b. ———— | Dua to (or as a cons | sequanca of): | | | | | *** |
| ficata be axecuted physician and s tha burial-transit | edical | cause. Enter Undarlying Causa (Disaase or Injury that Initiated avants resulting in death) Last | C | Dua to (or as a cons | equance of): | | | | | |
| | Physician/Me | | l d | | | | | | | |
| ha daat the att | sicia | Part II. Other significant conditions | contributing to death be | ut not resulting in the | undarlying causa giv | ven in Part I. | 23b. Did to | obacco uae co | ntribute to | the cause of death? |
| ires that tha daath certif signed by the attending d be datached for usa a | by Phy | | | | | | 1 D Y | /ee 2□No | 3 Prob | ably 4 Unknown |
| aw requisite been 2 should | Completed | | | | | | 24a. Was a parfor | | com | ra autopsy findings ilabla prior to iplation of cause aath? |
| Tha l | Con | | | | | | 1 🗆 Y | as 2 No | 10 | Yas 2□No |
| vysician: The sist cartificata director, pag | Be | 25. Was casa rafarred to medical axaminar? | 11. 9 | | | 28. Placa of Deal | th (Check only or | ne) | | |
| hysic this ca | 10 | 1 Yas 2 No | Hospitel: 1 Inpatia | | | 4 La Nursing Ho | ome 5 Rasid | | |) |
| Attending Physician: ir daath. ector: Aftar this cartific by the funeral director, | Certification: | 27. Menner of Death 1 Natural 5 Pending 2 Accident Invastigetic 3 Suicida 6 Could not be | 00 | | M 1□ | yat k? Yas 2 □ No | 28d. Dascribe h | | | |
| To the Hospital or Attenwithin 24 hours aftar daat To the Funeral Director: complately filled in by the | | 4 ☐ Homicide determined | building, ato | | | | 28f. Location (S City or Town | n, State) | | |
| To the Hospital within 24 hours or To the Funeral Completely filled | ledical | one) 2/ Medical Exa | hyelcian: To tha best o miner: On tha basis of and mennar sta | axamination and/or | eth occurred at the tin Invastigation, in my o | ne, date and plece, pinion, deeth occur | end dua to tha c red at tha tima, d | ause(s) and ma lete end pleca, a | nner es ste and dua to t | eted. tha cause(s) |
| Vit To | × | 29b. Signatura and titla of certifiar | \wedge | | 29c. Licans | a number | 2 | 9d. Data signad | (Month, D | Pay, Year) |
| 1 | | Kun M | | | 203 | 39/ | / | MAY, | 7,1 | 997 |
| | | 30. Nama and address of person who | complated causa of de | 6525 | BEUREST | RUAD, | HYAT | TSUICK, | MD | 20782 |
| St Regist | ate rar | 31. Data filed (Month, Day, Year) | 97 32. Registra | r's Signatura | nucle | | | | | |

The same of the sa the second of th

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Daath 3. Time of Death Month 55 ,75, an Ylau 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death GAITHERSBURG MONTGOMERY WILSON HEALTH CARE CENTER 7. Aga (In yrs. last birthday) | H Under 1 Year | H Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) 5. Social Security Number 6. Sax Birthplace (State or Foreign Country) 1₩ 2□ F 328-09-7669 Yrs 5, 1913 Missouri Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Tyas 2 □ No Maryland | Montgomery Gaithersburg 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 211 Russell Avenue, #627 20877 United States 12. Was Decedant Evar in U,S. Armed Forces? 13. Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yas, apecify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. 1 ⊠Yes 2 □ Nol 0 / 42 − If Yes, Giva Yaar or Dates: 12/45 1 ☐ Never Married 2 ☑ Married 1 Yes 2 No Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) College Professor Education 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) Velma Dovle 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 11735 Eddington Ave., Pickerington, OH 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - Cify or Town, Stata 5716 5 Other (Specify) George Washington Cemetery 1997 Adelphi, Maryland 22. Nama and Address of Facility DeVol Funeral Home 10 East Deer Park Dr., Lake Gaithersburg, MD 20877

Physician /Medical Examiner

Physician

/Medical

Examiner

10a. State

Directo

Funeral

þ

Completed

Be

Funeral

Director

Examiner physician end s the buriel-trans Physician/Medical for use es signed by the e þ should should Completed

The law requires that the death certificate be executed ils certificate has t director, page 2 s Hospital or Attending Physician: 1 24 hours after death. Funeral Director: After this certifica stely filled in by the funeral director, p To the Hospital or A within 24 hours after To the Funeral Dirac completely filled in b

B

2

Medical

ames

30. Name and address of person who completed causa of death (Item 23s) (Type, Print)

32. Registrar's Signatura

Division of Vital Records, P.O. Box 68760,

Omar D. Morgan, Sr. 19a. Informant's Name/Relationship (Type, Print) Kathy Weiss, Daughter 20a. Method of Disposition 1 Burial Cremation 3 Rampoval from State 4 Donation 21. Signature of Funeral Service Licens ter that dische, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, heart the regular tild regular ti Inter tha dise Approximate Intervsl Between Onaet and Death 5 days Immediate Cause (Final Rumonia disease or condition resulting in death) Due to (or ss a consequence of) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Diseasa or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings avsilable prior to completion of causa of death? 24a. Was an sutopsy performed? 2 No 1 Yss 2 No 25. Was case referred to medical axaminer? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Pending 1 Natural 2 Accident 1 Yes 2 No Investigation 6 Could not be 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide The Certifying Physician: To the best of my knowledga, daath occurred at the time, date and place, and dua to the causa(s) and mannar as ststed.

2 Medical Examiner: On the basis of examination snd/or investigation, in my opinion, daath occurred at the time, date and place, and dua to the cause(s) and mannar stated. 29a. Cartifiar (Check only 29b. Signature and little of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year)

ookes Ave Gaithersburg MD 2087

State Registrar

| | Plea | | | | | | | | | | | II Copies Mental Hyg | | gible. | LCEEO |
|---|--------------------------------|---------------------------------------|---------------------------------|-------------------------|-------------------|---------------------|-------------------|------------------------|-------------------|-----------------------------|----------------------|--|-----------------------|-------------------------|---|
| | | | | | y | | | | | Death | | | | 21 | 10000 |
| 1. Dacedant's Name | a (First, Middl | la, Last) | | | Y | | - | | | | | 2. Data of Daa | eg. No. th | | 3. Tima of Deeth |
| | | E1 | eano | r E | | Nicl | k1e | | | | | Month May | Day 1 | 997 | 0015 |
| ta. Facility Name (I | f not institution | n, give stree | et end nu | ım <i>ber)</i> | | | | | | 4b. City, To | wn, or L | ocation of Death | T | nty of Deat | th |
| Medpoint | e | | | | | | | | | Elkto | on | | Cec | il . | |
| 5. Social Sacurity N 202-18-8 | 880 | 6. Sax 1 ☐ M | 2 ∑ F | 7. Aga | (In yrs. 79 | last birt | hdey). Yrs. | If Unda Months | r 1 Year Deys | If Undar Hours | 24 Hrs. Min. | 8. Data of Birth (Month, Day Feb. 10 | Year) | 9. Birt Co 8 Per | thpiaca (Stata or Foraign puntry) nnsylvania |
| Jsual Rasidanca of 0a. Stata | Decadent 10b. County | | | | Inc Ci | ty, Town | orlo | eation | | | | | | | 404 1-14-05-11-3- |
| Maryland | Cecil | | | | | ton | . 0, 20, | Zation | | | | | | | 10d. Insida City Llmits 1 ☐ Yes 2 🛣 No |
| Oa. Street end Nun | | • | | | | | | 10f 7ii | Coda | | | | 0g. Citizan o | d What Ca | |
| 1 Price | | | | | | | | | 921 | | | | U.S.A | | ountry? |
| 1. Marital Status | | 1 | Armed Fo | | | I,S. | 13. V | Vas Dece Yas, spe | dent of H | ispanic Ori | in? (Sp., Puarto | ecify Yes or No- Rican, atc.) | | aca - Ama lack, Whit | nican Indian, e, atc. |
| 1 ☐ Navar Merrid | | ŀ | ☐ Yas f Yas, Gi ⁄aar or D | | | | 1 | ☐ Yas | 2 X) No | Specify: | | | Spec | oify: Wh | nite |
| (Speci | 15. Deceden ify only highas | t's Educatio s <i>t gr</i> ada cor | n n <i>pleted)</i> | | | 16a. | (Giva I | ant's Usu | rk dona | during most | of work | ing | 16b. Kind of | Businass/ | Industry |
| Elementary/Secon | ndary (0-12) | (| College (| 1-4or 5+) | | | | o nor u emak | | 7) | | | n/a | | |
| 17. Fethar's Nama (| First, Middle. | Last) | | | | <u> </u> | | -mun' | | 18. Motha | r's Nam | a (First, Middla, | | eme) | |
| J | ohn Cl | ark | | | | | | | | | | Myrtle | | | |
| 19e. Informant's Na | | | | | | | | | | | | al Routa Numba | , City or Tox | | |
| Earline Oa. Mathod of Disp | | - Da | ught | er | 005 | | | LINWO (Na | | reet | - E | arlevill | | 219 | |
| LX Buriel 2 C 4 Donation | Cremation | | val from | Stata | (| camatan | y, cram | ft C | othar plac | | 1 | Data 5-16 1997 | 20c. Locatio Linwo | | |
| 21. Signature of Fur | سيل | 8-+ | li | Jes |) | | 10 | 3 W. | Sto | ckton | Str | | cton, | MD 21 | 1921-5521 |
| 23a. Pert1. Entar th shock, or haar | t failura. List | only one ca | usa on a | ach lina | a daat | n. Don | | | | | | | | | Approximata Intarval Batween Onset and Death |
| mmediata Causa (f fisaase or condition asulting in deeth) | | a | | 10 | rae | 1 | | ta | 40 | ive | | Fai | | 1 | Smal |
| | | | (| CU | | | 71 > | uence of): | 40 | eav | + | Fai | luce | - | |
| Sequentially list con | ditions. | b. — | | . Di | 10 (0 | rasac | onsequ | ance of): | | | | | , | | |
| any, leading to imi ausa. Entar Undar Causa (Disaasa or I | madiate lying | | H | -ly | ח | evt | 0 | NCI | u | _ | | | | | |
| hat initiated avants esulting in daath) L | | c | | De | 0 0 0 | rasaco | onsequ | ance of): | | | | | | | |
| | | | | Vh | al | ne | fe | 20 | | 1/4 | 100 | T | | - ! | |
| | | 0 | | ,, | | | | | | 1 | 1 | | | | |
| art II. Other eignific | cant conditio | ns contribu | ting to de | eath but | not ras | ulting in | tha un | darlying o | ause giv | an in Part i. | • | 23b. Did to | bacco use | contribute | to the cause of death? |
| auto | IMM | 466 | 2 | po | u | cy | te | pe | me | e e | | 1 🗆 Y | 90 2□ No | 3 □ Pr | robably 4 Unknow |
| | | | | , | | | | ¥ | | | | 24a. Was a perform | | 8 | Wara autopsy findings available prior to completion of causa of deeth? |
| | | | | | | | | | | | | 1 □ Ya | s 2DNo | 1 | I □ Yas 2 □ No |
| . Was casa referre | ed to medical | | | | | | | | | | of Daat | h (Check only on | a) | | |
| 1 ☐ Yes 2 ☐ A | | Hospit | الباا | Inpatiant | 2 🗆 | ER/Out | patient | 3□ D0 | | 41 Nui | sing Ho | me 5 ☐ Rasida | ınca 6 □C | thar (Spec | cify) |
| 7. Manner of Death 1 Naturel 2 Accidant | 5 Panding investig | gation | a. Dete | of Injury th, Dey Y | ear) | 28b. Ti | ma of jury | M 2 | 8c. Injun Worl | vat ⟨? Yas 2,⊿¶ | | 28d. Describe ho | w injury occ | urred | |
| 3 ☐ Suicida 4 ☐ Ho <i>m</i> icida | 6 Could n detarmi | not be ined 28 | a. Placa buildii | of Injury ng, atc. (| - At he Specif | oma, fan | m, stra | at, factor | , office | | | 28f. Location (St City or Town | | nber or Ru | ıral Routa Number, |
| 9a, Cartifiar (Check only one) | Cartifying | Examiner: (| n tha ba | best of rasks of an | a <i>m</i> ina | wledge, tion and | daath /or Inve | occurrad estigetion | at tha tin | e, deta and pinlon, daat | l placa, h occurr | and due to the co | usa(s) and a | mannar as e, and dua | stated. to tha ceusa(s) |

To the Hospital or Attending Physician: The law requires thet the death certificate be executed within 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit Division of Vital Records, P.O. Box 68760,

E. NICKLE

ELEANOR

Physician /Medical

Examiner

Funeral Director

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Manyland Department of Health and Mentel hygiene. Important: If Item 27 is marked other than "netural; or Itema 23a or 28a-f show any injury or other traumatic event, the Medical Examinal must be notified at

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

Be Completed by Funeral Director

To

Be Completed by Physician/Medical Examiner

Medical Certification: To

State Registrar

29b. Signature and fifth of certifie 29c. Licansa number

29d. Data signed (Month, Dey, Yeer) May 14, 1997

30. Name and address Jamés

Dieted Caused Chath (Itam 23a) (Type, Print)

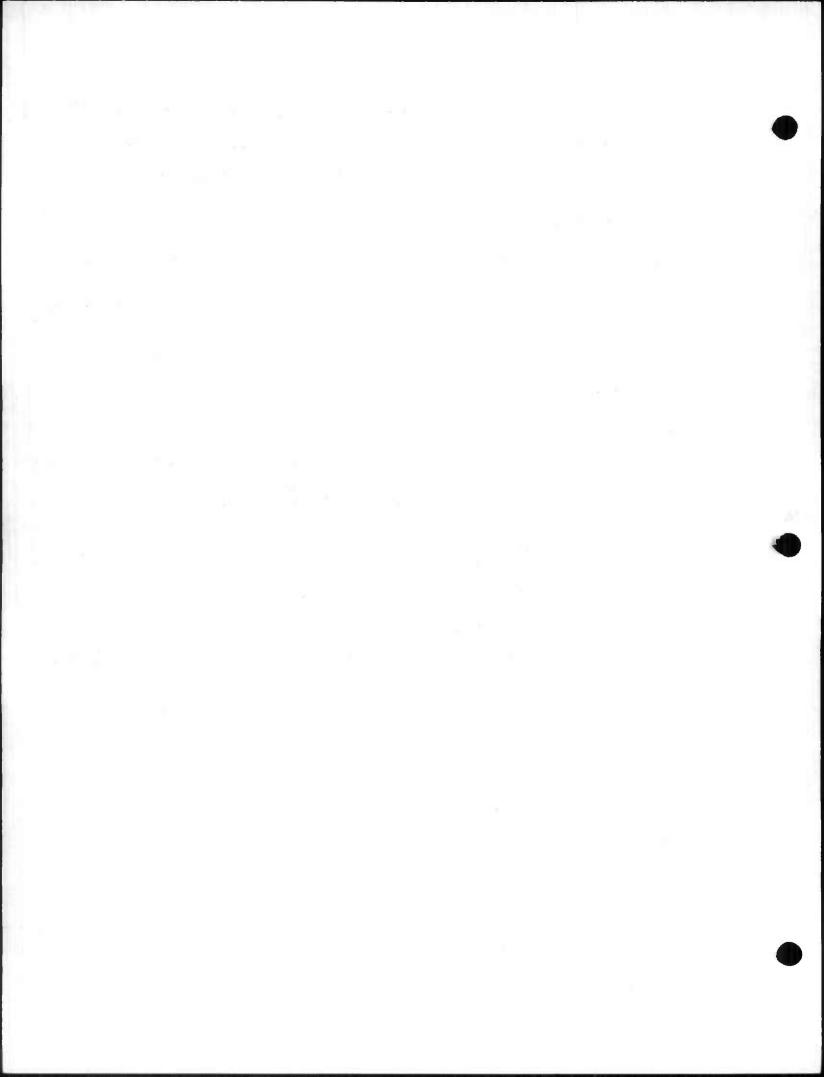
111 West High Street - Elkton, MD M.D. 21921

Ley, 32. Registra signature den Andest 31. Detailled (Month,

181 1112 2

State of Maryland / Department of Health and Mental Hygiene 9 7

| | | | | | Certifica | te of | Death | F | Reg. No. | 21 | 10000 |
|--|----------------|---|---|--------------------|-----------------------------------|-------------------|-------------------------------|---------------------------------------|---------------|---------------------------|-------------------------------------|
| Division | | 1. Decedent's Name (First, Middle, | Last) | | | | . / | 2. Date of Dea | ath | Vaar | 3. Time of Death |
| Physic /Medi | | | Johnny | / | Thac | hi | NOUNE! | 7 05 | 08 | Year 97 | 10:55 AM |
| Exami | | 4a. Facility Name (If not institution, | give street and number) | | | | 4b, Sty, Town, or | Location of Death | 4c. (| County of Death | h |
| | | HOLY Cross | HOSPITAL | | | < | SILVER S | SPRING | M | lontgoi | mery |
| Funeral | | 5. Social Security Number | 5. Sex 7. Ag | ge (In yrs. last b | Months | or 1 Year Days | If Under 24 Hrs Hours Min. | | h | | hplace (State or Foreign |
| Director | | None | ILLYM 2LIF | | Yrs. | 5 | | 05 0 | | MA | RYLAND |
| pus * | | Usual Residence of Decedent 10a. State 10b. County | | 10c City Tox | wn or Location | | | | | _ | 10d. Inside City Limits |
| fanyli sho | 5 | | | | | | | | | | 1 Yes 2X No |
| the N | Directo | Maryland Montgo | liery | Silver | Spring | ip Code | | | 10- 0% | an of Milan Ca | |
| with with | | | "203 | | | | | | | en of What Cou | |
| eath na 23 | era | 3227 Hewitt Ave | nue, #3U1 | Ever In II S | |)906 | lispanic Origin? (S | Specify Ves or No- | | ted Sta 4. Raca - Amer | |
| 72 hours effer death with the Maryland "natural", or itema 23a or 28a-f show affect Examiner mant by notified at | Funerai | Never Married 2 Marrie | Armed Forces? | | | | an, Mexican, Puer | Specify Yes or No- to Rican, etc.) | | Black, White | |
| o si | by | 3 ☐ Widowed 4 ☐ Divorced | d 1 ☐ Yes 2 ☐ Y If Yes, Give Year or Dates: | | 1 ☐ Yes | 2 No | Specify: | | | Specify: V | ietnamese |
| n 72 hou "natura | P | 15. Decedent's | Education | 168 | a. Decedent's Usu | ual Occup | ation | | 16b. Kin | d of Business/i | |
| | Completed | (Specify only highest Elementery/Secondery (0-12) | grade completed) College (1-4or 5 | | (Give kind of will life. DO NOT a | ork done | during most of wo | rking | | | |
| TI COL | E O | 0 | College (1-401) | 3+) | None | | | | N | one | |
| be filed ital Hygi d other avent, I | Be C | 17. Father's Name (First, Middle, L. | ist) | | | | 18. Mother's Na | me (First, Middle, | Maiden S | Sumame) | |
| | TOE | Ninh Nguyen | | | | | Thanh | Thach | | | |
| shoul and Mo | | 19a. Informant's Name/Relationshi | p (Type, Print) | 19 | b. Mailing Addres | s (Street | | ural Route Numbe | r, City or | Town, State, Z | 'ip Code) |
| s 1 end 2 should f Health and Mer tam 27 is marks other traumatic | | Ninh Nguyen | | | Same as | 10 | | | | | |
| of Hei | | 20a. Method of Disposition | | 20b. Place | of Disposition (Ne | ame of | ne) | Date | 20c. Loc | ation - City or T | Fown, State |
| permit. Pages Department of I Important: If its any injury or o | | 1 Burial 2 Cremation 3 4 Donation 5 Other (Spe | | | | | | 5-12-97 | Silve | er Snri | ng, Maryla |
| mit. | | 21. Signature of Funeral Service Li | censee | | | | | | | ., ор. | |
| Depa Impo any i | | De De | U/ D- | 10 | Rapp F | uner | al Servi | ces, P. | Α. | 140 0/ | 203.0 |
| | | 23a. Part1. Enter the disease, or c shock, or heart feilure. List or | omplications that causer | Uhe death Do | 933 G | 1St P | lvenue, S | Silver Sp | ring | , MD 20 | J91U Approximete |
| Physician | 0.0 | shock, or heart feilure. List of | ily one ceuse on each li | ne. | | | 9, | ,, | | | Interval Between Onset and Death |
| /Medical | | Immediate Cause (Final | 1 | | 10.014 | 400 | | | | - 1 | |
| Examiner | | disease or condition resulting in death) | | | NARY | | 121 | | | | IMMEDIATE |
| | Je. | | | | consequence of | | 1 1 | 41. / | | | 5 days |
| od d ansit | Examiner | Canada Na Karana di di | · D. MYPOX | 1C - 150 | consequence of | ence | phalo pa | iny | | | 5 days |
| certificate be axecuted rding physician and use as the buriel-transit | Exa | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury | | 4 4 | | | | , | | 1 | 5 days |
| ysicie e bu | cai | that initiated events | c. Perina | | Sphyx IC | | | | | | - May 5 |
| iffica as th | Medicai | resulting in death) Last | _ | | , | | | | | | 5 days |
| andin use | 2 | | a Japh | Alococc | al seps | | | | | | J day 5 |
| death e atter | sicia | Part II. Other significant condition | a contributing to death b | ut not resulting | In the underlying | causa div | en in Part i | 23b. Did to | obacco u | ne contribute | to the cause of death |
| requires that tha death cer been signed by the attandir should be detached for use | Physician/ | | | a, not rooming | in the underlying | occoo gii | on an act i. | 1 🗆) | | / | robably 4 Unknow |
| and shad | by F | | | | | | | | | | |
| requires een sign hould be | Pa | | | | | | | 24a. Was | en eutops | y 24b. V | Were autopsy findings |
| law re as bec | Completed | | | | | | | perior | meur | C | completion of cause of death? |
| 0 - 0 | E | | | | | | | 1 🗆 Y | es 2 5 | / | Yes 2√ No |
| ician: The certificata rector, peg | 0 | 25. Was case referred to medical | | | | | 26 Place of Dec | ath (Check only or | | 1100 | 2,710 |
| | To B | examiner? 1 ☐ Yes 2 ☑ No | Hospital: | ent 2 ER/O | utpatient 3 D | OA Oth | er | tome 5 Resid | | □Other /See/ | oihe) |
| 4 4 = | | 27. Manger of Deeth | 28a. Date of Inju | ry 28b. | | 28c. Injur Wor | | 28d. Describe h | | | ***y) |
| a fun | atio | 1 Vatural 5 Pending 2 Accident investiga | (Month, Day | y Year) | Injury M | | K? Yes 2 □ No | | | | |
| il or Attanding P aftar deeth. I Director: After ti d in by tha funera | Certification: | 3 ☐ Suicide 6 ☐ Could no | ed 288. Piece of Inju | ury - At home, f | arm, street, factor | ry, office | | | | Number or Ru | ral Route Number, |
| a afta | e. | 4 Homicide | building, etc | c. (Specity) | | | | City or Tow | n, State) | | |
| To the Hospital or within 24 hours afte To the Funeral Dir completely filled in | | 29a. Certifier 1 Certifying | Physician: To the best of | of my knowledg | e, deeth occurred | at the tin | ne, date end place | e, end due to the o | ause(s) a | and manner es | stated. |
| He Ho | edicai | (Check only 2 Medical Ex | aminer: On the basis of and manner sta | l examination at | nd/or investigation | n, in my o | plnion, death occu | urred et the time, o | lete end p | plece, end due | to the cause(s) |
| Within To the Comp | Σ | 29b. Signature end title of certifier | 4 0 | | 29 | c. Licens | e number | 2 | 29d. Date | signed (Month | i, Day, Year) |
| | | Alan H | . Holdl | HUS N | n | D4 | 5369 | | 2 | 18/9 | 7 |
| | | 30. Name and address of person w | no completed cause of d | eeth (Hem 23a) | (Type, Print) | | | | | 1 1 | |
| | | Alan V | Goldberg | 2 410 | 1500 | For | est Glev | n Rd | Silv | er Sprir | ig, mo 2091 |
| Sta | te | 31. Dete filed (Month, Dey, Year) | 32. Registr | ar's Signature | 70 | | | . 10(* | | | 1 |
| Registr | | MAY 08 | 1997 | ma havido | on-Naviance | | | | | | |



| CIO | | 1. Decedent's Nama (First, Middle, La | est) // | | Certificate of | | 2. Dete of De Month | Reg. No. | Year | 3. Time of Death |
|--|--|--|--|--|--|--|--|--|---|--|
| iciar dica | ı | MARY | | Nolan | | | May | 05 | 1997 | 4 pm |
| nine | r | 4a. Fecility Name (If not institution, given Brooke Grove Nu | | | | 4b. City, Town, or Lo | cation of Death | | of Deeth | 17 |
| al | - | | 0 | e (In yrs. last birth | nday) If Under 1 Yaar | If Undar 24 Hrs. | 8. Date of Birt | h | | |
| ı | | 3/9-44-0044 | 1□M 2ਊF | 88 Y | rs. Months Deys | Hours Min. | Sep. 8 | 1908 | Maine | ece (State or Forei try) 2 |
| | - | Usuel Residence of Decedant 10e. Stete 10b. County | | 10c. City, Town | or Location | | | | 10 | Od. tnside City Limi |
| 3 | 5 | Maryland Montgome | rv | 1 | r Spring | | | | | 1 ☐ Yes 2€N |
| Director | 2 | 10e. Street and Number | , <u> </u> | DATE | 10f. Zip Coda | | | 10g. Citizen of \ | Whet Count | try? |
| | | 801 Windmill Lan | e | | 2090 | 05 | | USA | | |
| hy Eunoral | Dy ruile | 11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☐ SWidowed 4 ☐ Divorced | 12. Was Decedent Armed Forces? 1 Yes 2% If Yes, Give Yeer or Detes: | | 13. Was Decadent of H tf Yes, specify Cub. 1 ☐ Yes 2 ☐ No | dispanic Origin? (Spean, Mexican, Puerto Specify: | ecify Yes or No- Ricen, etc.) | 14. Rad Bled Specify | ce - America ck, Whita, e | |
| tad | 3 | 15. Decedent's E | | 16e. I | Dacedant's Usuel Occup | etion | | 16b. Kind of Bi | usiness/Ind | lustry |
| Completed | ble | (Specify only highest gn Elamantary/Sacondary (0-12) | Collaga (1-4or | 5+) | Giva kind of work done lifa. DO NOT use retire | dunng most of worki d) | ng | | | |
| | | 12 | | | Homemake | | APPL - A A 1 1 1 1 | Own I | | |
| TO Be | Ď I | 17. Fether's Name (First, Middle, Last Eugene Hall |) | | | 18. Mother's Name | McKinne | | ne) | |
| | | 19a. Informent's Neme/Reletionship | Type, Print) | 19b. | Meiling Address (Streat | end Number or Rure | al Route Numbe | r, City or Town, | Stete, Zip | Code) |
| | | John E. Nolan / | Son | | Windmill 1 | | ver Spr | ing, Man | rylan | d 20905 |
| | - | 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ | Removel from State | 20b. Pleca of I cemetery | Disposition (Neme of , cremetory or other ple | | Date | 20c. Location - | | |
| | - | 4 Donetion 5 Other (Special Service Legisland) | | Parkla | wn Memoria | | | Rockvill | | |
| | | 21. Signature of Faheral Service Lea | Pol | no de | /11800 New | Hampshire | Avenue | 9 | lerar | поше |
| + | 4 | 23a. Part1. Entar the disease, or com | plications that cause | the deeth Do no | Silver Spi | | | 20904 | | Antrovimate |
| ı | 1 | 23a. Part1. Entar the disease, or com shock, or heart feilure. List only | one ceuse on eech li | na. | | .9, 00011 00 00.0100 | , roop, atory or | radi, | | Approximate Intarval Batween Onset and Death |
| | | Immediate Ceuse (Finel disease or condition | SEPT | ic St | HOCK | | | | | 48 hours |
| à | 5 | resulting in death) | A ==== | Due to (or as a co | | | | | 1 | |
| Examiner | | | b. HSPIL | CATION | PUEUM! | ONIA | | | | |
| | | Sequentially list and disland | | Due to for ec e or | meaguanas oft. | | | | | |
| | | Sequantially list conditions, if eny, leeding to immediate cause. Entar Underlying | Dyci | Due to (or es e co | onsequenca of): | | | | | |
| | | Sequantially list conditions, if eny, leeding to immediate cause. Entar Underlying Ceuse (Diseasa or Injury thet initieted events resulting in deeth) Lest | . Bysi | PHAGIA Due to (or es e co | | | | | | |
| edical | 10000 | Sequantially list conditions, if eny, leeding to immediate cause. Entar Underlying Ceuse (Diseasa or Injury that inflieted events resulting in deeth) Lest | . Dysi | PHAGIA Due to (or es e co | nsequenca of): | THROMIS | 0515 | | 1 | WEEK |
| edical | 10000 | thet initieted events | . Dysi | PHAGIA Due to (or es e co | ensequenca of): | THROMIS | 0515 | | 1 | WEEK |
| edical | 10000 | thet initieted events | | PHAGIA Due to (or es e co | insequence of): | | 23b. Did t | | ntribute to | the cause of deat |
| Physician/Medical | | resulting in deeth) Lest | | PHAGIA Due to (or es e co | insequence of): | | 23b. Did t | obacco use con ∕es 2⊡ No | ntribute to | WEEK |
| by Physician/Medical | in the second se | resulting in deeth) Lest | | PHAGIA Due to (or es e co | insequence of): | | 23b. Did t | | ntribute to 3 Prob | the cause of deat |
| by Physician/Medical | in the second se | resulting in deeth) Lest | | PHAGIA Due to (or es e co | insequence of): | | 23b. Did t | Yes 2□No | ntribute to 3 Prob | the cause of deat |
| Completed by Physician/Medical | | resulting in deeth) Lest Pert II. Other algnificant conditions of | | PHAGIA Due to (or es e co | insequence of): | | 23b. Did t | en eutopsy | ntribute to 3 Prob 24b. We ave con of d | the cause of deat ably 4 Unknown re eutopsy findings ilable prior to npletion of cause |
| Be Completed by Physician/Medical | | Pert II. Other significant conditions of the con | ontributing to death b | PHAGIA Due to (or es e co E CER | insequence of): ESRAL the underlying ceuse give | en In Pert I. | 23b. Did t 1 \(\text{1} \) 24a. Wes a performance of the control | en eutopsymed? | ntribute to 3 Prob 24b. We ave con of d | the cause of deet ably 4 Unknown re eutopsy findings ileble prior to npletion of cause leeth? Yes 2 No |
| To Be Completed by Physician/Medical | | Pert II. Other algnificant conditions of the con | ontributing to death b | Due to (or es e co | insequence of): ESRAL the underlying ceuse given the underlying the underlying ceuse given the under | 26. Place of Deether: | 23b. Did t 1 1 24a. Wes performence 5 Rasid | en eutopsymed? | ntribute to 3 Prob 24b. We ave con of d | the cause of deat ably 4 Unknow re eutopsy findings ileble prior to npletion of cause leeth? Yes 2 No |
| To Be Completed by Physician/Medical | | Pert II. Other significant conditions of the con | Hospitel: 1 Inpatite | Due to (or es e co | insequence of): ESCAL the underlying ceuse give the underlying ceuse | 26. Place of Deether: | 23b. Did t 1 1 24a. Wes performence 5 Rasid | en eutopsymed? Yes 2 No No No No No No No No No No | ntribute to 3 Prob 24b. We ave con of d | the cause of death ably 4 Unknown re eutopsy findings ileble prior to appletion of cause leeth? |
| Be Completed by Physician/Medical | | Pert II. Other significant conditions of the con | Hospitel: 1 Inpatite 28e. Dete of Inju | Due to (or es e co CER ut not resulting in the service of the se | insequence of): ESCAL the underlying ceuse give the underlying ceuse | 26. Place of Deether: 4. Nursing Hory at k? Yas 2 □ No | 23b. Did t 1 \(\) 24a. Wes a perior 1 \(\) \(\) 1 (Check only one 5 \(\) Rasid 28d. Describe h | en eutopsymed? Yes 2 No na) lanca 6 Oth ow Injury occurr | arribute to 3 Prob 24b. We ave con of d 1 Grant of the control | the cause of deat ably 4 Unknow re eutopsy findings iilable prior to npletion of cause leeth? Yes 2 No |
| Certification: To Be Completed by Physician/Medical | | 25. Wes case referred to medical exeminer? 1 | Hospitel: 1 Inpatile 28e. Dete of Inju (Month, De) 28e. Plece of Inju building, etc. | Due to (or es e co E CER ut not resulting in in ut not resulting in in pry Year) 28b. Tin in ury - At home, ferm c. (Specify) of my knowledge, in axamination and/ | the underlying ceuse give the underlying ceu | 26. Place of Deether: 4. Nursing Hory at k? Yas 2 □ No | 23b. Did t 1 1 1 24a. Wes a performance of the control of the co | en eutopsymed? Yes 2 No na) lanca 6 Oth low Injury occurr Street and Numb m, State) | ntribute to 3 Prob 24b. We ave con of d 1 Green (Specify red | the cause of deat ably 4 Unknow re eutopsy findings ileble prior to appletion of cause leeth? Yes 2 No Route Number, |
| To Be Completed by Physician/Medical | | 25. Wes case referred to medical exeminer? 1 | Hospitel: 1 Inpatie 28e. Dete of Inju (Month, De) 28e. Plece of the building, etc. | Due to (or es e co E CER ut not resulting in in ut not resulting in in pry Year) 28b. Tin in ury - At home, ferm c. (Specify) of my knowledge, in axamination and/ | the underlying ceuse give the underlying ceu | 26. Place of Deether: 26. Place of Deether: 4. Nursing Hory at K? Yas 2 \sum No | 23b. Did t 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | en eutopsymed? Yes 2 No na) lanca 6 Oth low Injury occurr Street and Numb m, State) | antribute to 3 Prob 24b. We ave con of d 1 Care (Specify, red per or Rure) | the cause of death ably 4 Unkno re eutopsy findings iilable prior to appletion of cause leeth? Yes 2 No Route Number, sted. the cause(s) |
| edical Certification: To Be Completed by Physician/Medical | | 25. Wes case referred to medical exeminer? 1 | Hospitel: 1 Inpatile 28e. Dete of Inju (Month, De) 28e. Plece of Inju building, etc. | Due to (or es e co E CER ut not resulting in in ut not resulting in in pry Year) 28b. Tin in ury - At home, ferm c. (Specify) of my knowledge, in axamination and/ | the underlying ceuse give the underlying ceuse give the underlying ceuse give the underlying ceuse give the underlying ceuse give the underlying ceuse give the underlying ceuse give the underlying the | 26. Place of Deether: 26. Place of Deether: Whursing Hory at k? Yas 2 \(\sum \) No | 23b. Did t 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | en eutopsymed? es 2 No na) lanca 6 Oth low Injury occur. Street end Numb m, Stete) esuse(s) end me dete end plece, o | antribute to 3 Prob 24b. We ave con of d 1 Care (Specify red) anner or Rurel anner es steend due to d (Month, E | the cause of death ably 4 Unkno re eutopsy findings iileble prior to repletion of cause leeth? Yes 2 No Route Number, sted. the cause(s) |

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month Marie Dorothy Nei 12AM 160 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Daath Pla Memoria 5. Social Security Number 219-48-362 Usual Rasidanca of Decedant 6. Sex 1 □ M 2 F 7. Aga (In yrs. last birthday) 72 Yrs. If Undar 1 Yaar if Undar 24 Hrs. 8. Days 10b. County 10d. fnsida City Limits 1 as 2 No 10e. Street and Number 10g. Citizan of What Country? 225 11. Maritai Status 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 X No If Yas, Giva Yaar or Datas: 1 Navar Married 2□ Married 1 ☐ Yas 2 No Specity: White 3 ☐ Widowed 4 Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry PU+ Collaga (1-4or 5+) employed 17. Fathar's Nama (First, Middla, Last) 18. Mothar'a Nama (First, Middla, Maiden Sumama) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town 10 20b. Placa of Disposition (Nama o cematary, cramatory pr other 20c. Location - City or Town, Stata 3 Ramovai from Stata 21. Signature of Funaral Sarvice Licansaa 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immadiata Causa (Final disaasa or condition rasulting In death) RESPIRATORY 18 HRS DISTRESS SYNDROME Sequantially list conditions, if any, laading to Immadiata cause. Enter Underlying Causa (Disease or Injury that Initiated avants rasulting in daath) Last MEZLITUS DIABETES Dua to (or as a consequence of)

Physician /Medical Examiner

ettending physician and for use as the burial-transit

signed by

After this certificate

after death.

To the Hospital o within 24 hours at To the Funeral DI

for Attending Physician: after death.

Physician/Medical

þ

Completed

Be

Medical Certification:

P.O. Box 68760,

Division of Vital Records.

8

Physician

/Medical

Examiner

10a State

Director

Funeral

p

Completed

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at

permit. Pages 1 end 2 should be filed within 72 hours after or Department of Health end Mental Hygiene. If tem 27 is marked other than "natural", or iter

Baltimore, Maryland 21215-0020

deeth with the Marylend

FIBROSIS

Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

23b. Did tobacco use contribute to the cause of death?

24a. Was an autopsy performed?

1 Yes 2 No 3 Probably 4 Unknown

24b. Wara autopsy findings available prior to completion of cause of death?

1 Yas 2 No

1 ☐ Yas 2 ☐ No

25. Was casa rafarrad to medical axaminar? 1 Yas 2 No

SEPSIS.

PYLMONARY

5 Panding invastigation

1 Impatiant 2 ER/Outpatient 3 DOA 28b. Time of

28c. Injury at Work? 1 ☐ Yas 2 ☐ No

Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 28d. Dascribe how Injury occurred

28. Placa of Daath (Check only ona)

28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Specify)

28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)

29a. Cartifian

27. Mannar of Death

1 Watural

2 Accidant 3 Suicida

4 T Homicida

Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licensa number

29b. Signatura and itla of cartifian

8 Could not be datarminad

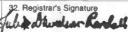
728281

29d. Data signed (Month, Day, Year)

30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

RNELSON BENJERS, 8926 WODYARD ROAD, CLINTON, MD 20735 31. Data filed (Month, Day, Yaar)

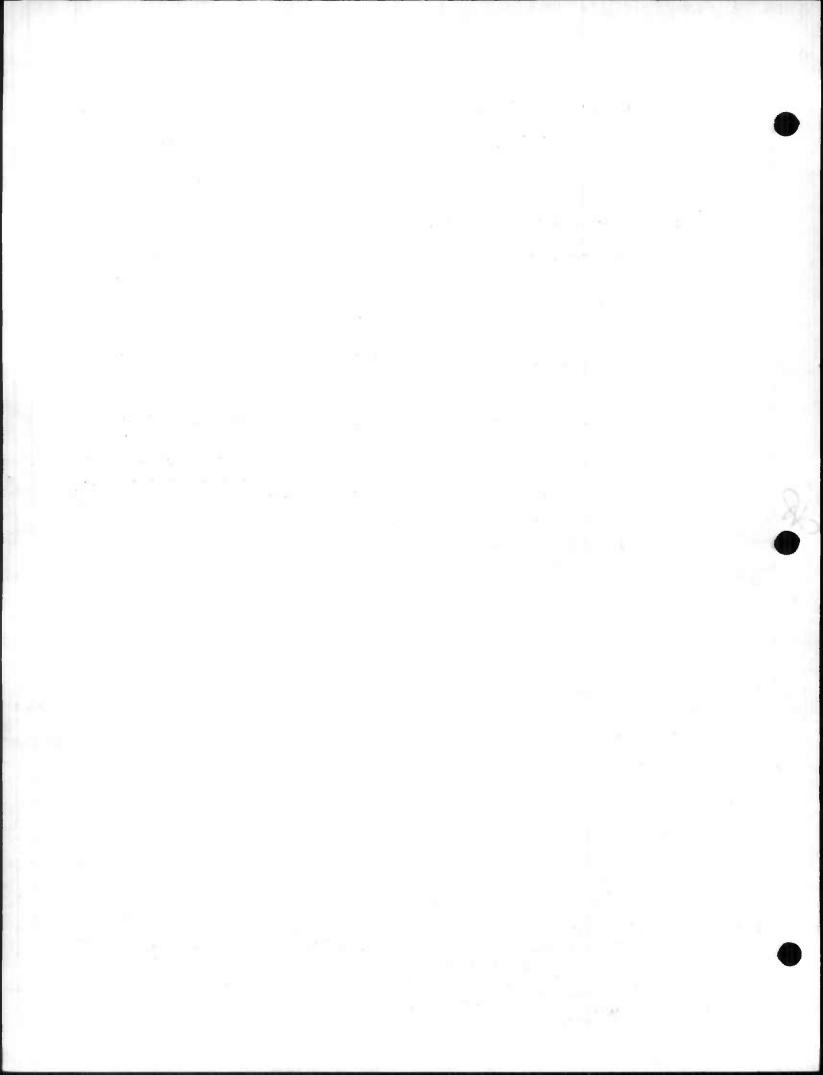
Registrar



high rate.

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| | | 1. Decedent's Nema (First, Middla, Las | 1) | | | tificate of | Douth | 2. Dete of De | | 3. Tima of E |
|--|----------------|---|---|------------|---------------------------------|---|---|---------------------------------------|--|--|
| Physici /Medi | | Florence Lorrain | | | | | | May 7 | , 1 ^{Dey} 97 | 9:15 H |
| Exami | | 4e. Facility Nama (If not institution, give Montgomery Genera | | 1 | | | 4b. City, Town, or Olney | Location of Daat | h 4c. County | |
| Funeral Director | | 100-24-0033 | 7. Age | ln yrs. | lest birthday) Yrs. | If Undar 1 Yaar Months Deys | If Under 24 Hrs Hours Min. | | | 9. Birthpleca (State or Country) Washington |
| how | | Usuel Rasidence of Decedent 10a. Stete 10b. County | | 10c. City | , Town or Lo | cation | | | | 10d. Inside City |
| 28a-f show | Director | Maryland Montgome | ery | Si1 | ver Sp | ring | | 705-7 | | 1 ☐ Yes |
| Den 2 | Dire | 10e. Street end Number | | | | 10f. Zip Code | | | 10g. Citizen of W | W0 - 7 |
| ns 23 | Funeral | 3667 Edelmar Term | 12. Wes Dacedant E | ver in U | S 13 V | 20906 | | operify Vas or No | U. S. A | - American Indien. |
| al', or items 23a or 28a-f shor Evaluates must be notified at | by | 1 Never Married 2 Married 3 Widowed 4 Divorcad | Armed Forces? 1 ☐ Yes 2 ☑ N tf Yes, Give Yaar or Datas: | | If | Yas, specify Cut | dispanto Origin? (Sen, Mexican, Puerl Specity: | to Rican, etc.) | 100 | White |
| "natur | Completed | 15. Decadent's Edi (Specify only highast gred Elementary/Secondary (0-12) | ication le completad) College (1-4or 5- | +) | (Give I | lent's Usuel Occu kind of work dona OO NOT use retire | during most of wor | rking | 16b. Kind of Bu | siness/Industry |
| ygien F th | | 12 | | | Purcha | sing Age | | | U. S. | |
| and Mantal Hygiene. Is marked other than raumatic event, the M. | Be | 17. Fathar's Neme (First, Middle, Last) | | | | | | | , Maldan Sumeme | 9) |
| mark matic | 2 | Sumpter J. Oliver 19e. Informant's Name/Relationship (T) | | | 19h Mailin | n Address /Stmo | Florenc | | or City or Tour | State Zin Code |
| tam 27 is marke other traumatic |] | L.Arthur Grove | (cousin) | | | | Rd., Som | | | 739 |
| Important: If Itam 27 any Injury or other troops | | 20a. Method of Disposition 1 Burial 2 Cremetion 3 4 Donetion 5 Other (Specify, | | CE | leca of Dispos ametery, crem | sition (Name of netory or other ple rematory | ca) | Date | 20c. Location - (| City or Town, Stete |
| important: If Ita any injury or ot once. | | 21. Signeture of Funeral Service Licens | | 10011 | 22. | Name and Address | ess of Fecility Mo adview Av | ser Fund | eral Home | e, Inc. |
| ysician ledical aminer | ier | Immadiate Ceusa (Final disaesa or condition resulting in deeth) | • | | v A 3 cur | | cedent | | | 2 Wks |
| physician and as the burial-transit | Examiner | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury | b | Due to (or | as a consequ | uence of): | | | | |
| attending physicl for use as the bu | n/Medical | resulting in deeth) Lest | d | Due to (or | as a consequ | vance of): | | | | |
| e atte | Physician/N | Pert II. Other significant conditions col | tributing to death but | t not resu | Iting in the un | derfving cause gi | ven in Pert I. | 23b. Did | tobacco use con | tribute to the cause of |
| igned by the a | by Phy | Stizures | | | | | | | ./ | 3 Probably 4 U |
| s been si | Completed | Lymphoma | | | | | | 24e. Wes | en eutopsy prmed? | 24b. Were eutopsy fin- available prior to completion of cau of death? |
| ate has page 2 | Com | | | | | | | 10 | Yes 25 No | 1 🗆 Yas 2 💢 |
| s certificate he director, page | Be | 25. Wes case referred to medical examinar? | fospital: | | | | 28. Piece of Dee | eth (Check only o | one) | |
| | - To | 1 Yes 2 No | 1 Minpatien | | ER/Outpatient 28b. Time of | | 4 LI Nuising n | | dance 6 Other | |
| : Afte | ation | 1 Netural 5 Pending 2 Accident investigation | 28e. Dete of Injury (Month, Dey | Year) | injury | 28c. Inju Wo M 1 | rk? Yes 2 □ No | 200. 2000100 | anjuly occurre | |
| To the Funeral Director: After the complately filled in by the funeral | Certification: | 3 Suicide 4 Homicide 6 Could not be determined | 28e. Plece of Injurbuilding, etc. | | | | | 28f. Location (. City or Tox | | r or Rural Routa Numbe |
| Funera | edicai (| 29a. Certifying Physical Control (Check only one) | stcien: To the best of ner: On the basis of e end menner stet | exemineti | riedge, deeth on end/or Inve | occurred et the tile estigetion, in my o | ne, dete end pleca plnion, deeth occu | , end due to the rred et the time, | ceuse(s) end men dete end piece, er | ner as steted. nd due to the ceuse(s) |
| 50 | Me | 29b. Signature and title of certifier | | | | 29c. Licens | e number | | 29d. Dete signed | (Month, Dey, Year) |
| 0 00 | | What Am A | | | | 0187 | 71 | | MILL. | 8 1597 |
| 20 | 1 | 700 | 100 | | | 0101 | -26 | | 1.0-9 | 0)11/1 |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Menta! Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 1430 LESTER PETCHAFT may 1997 8 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO ff Under 1 Year | If Under 24 Hrs. | Months | Deys | Hours | Min. | 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Yeer) Birthplece (Stete or Foreign Country) 1⊠M 2□F 340-07-3242 September 17,1908 Illinois Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Wicomico Salisbury 1 ☐ Yes 2X No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1223 Orchard Circle 21801 USA 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☑ Yes 2 ☐ No If Yes, Give Year or Detes: Navy 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 XNo Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 4 comptroller Finance 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Bernard Petchaft Rachel Barnett 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Eleanor Petchaft/wife 1223 Orchard Circle, Salisbury, MD 21801 20b. Piace of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 5/9/97 Salisbury, MD 4 ☐ Donation 5 ☐ Other (Specify) Salisbury Crematory 21. Signature of Funeral Service Licanom 22. Name end Address of Fecility Holloway Funeral Home tol 501 Snow Hill Rd., Salisbury, MD 21804 Fell. Enter the disease, or complications that caused the dieth. Do not enter the mode of dying, such as cardiac or respiretory errest, sock, or heart failure. List only one cause on each line. Approximete Intervel Betw Immediate Ceuse (Finel disease or condition resulting In deeth) Sequentially list conditions, if eny, leeding to Immediete cause. Enter Underlying Cause (Diseese or injury that Initieted events resulting In deeth) Lest Due to (or es e consequença of): Due to (or as e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown Pressure Hydro sephalus 24b. Were autopsy findings aveilable prior to completion of cause of deeth? anterioschentes Carchoosealen Disens & Failure 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one)

Physician /Medicai Examiner

Physician

/Medical

Examiner

Funerai

Director

or 28a-f show

Herns 23a

6

"natural",

should be filed within 7 and Mental Hygiene.

12 should be fi h and Mental H

permit. Peges 1 and 2 Department of Heelth ar Important: If Item 27 Is any Injury or other treu

Director

Funeral

þ

Completed

Be

10

treumetic event, the Medical Examiner must be notified at

TO PHYSICLAN:

RNOWN

AmE

Baltimore, Maryland 21215-0020

certificate hes After this Director: / within 24 hours of To the Funeral DI completely filled in

The lew requires that the deeth certificate be executed

P.O. Box 68760.

Records,

Division of Vital or Attending Physician:

deeth.

Hospital

the

Physician/Medicai à Completed Be 2 Medical Certification:

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 25. Wes case referred to medical Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 12 Impatient 2 ER/Outpetlent 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es stated.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end menner stated. 29a. Certifier

29c. License number

201969

State Registrar

29b. Signeture end title of certifier

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) JAMES L. 31. Dete filed (Month, Dev. Year)

MAY 0 9 1997

CLIFFORD MID 106 PINE BAUFF RO Suite 12 SAMSBURY NO

29d. Dete signed (Month, Dey, Year)

and the second court of the second of

State Registrar

31. Date filed (Month, Day, Year) MAY 16

29b. Signetyre and titla of certifier

G.S.Prabhu M.D.

1 amount with

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

1810 Belair Rd # 102 Fallston MD. 21047 410-879-6564 Registrar's Signeture bk Studen Rarlall

DME

29c. Licensa number O CME

29d. Data signad (Month, Day, Year) May 15th 1997

May

| 1 | FOR STATE REGIS |
|---|-----------------------|
| | 1. DECEDENT |
| | 4. SOCIAL SI |
| | 219- |
| ı | 9a. FACILITY |
| | 27 |
| | |
| | 10a, STATE |
| | Mary. |
| | 10e. STREET |
| | |
| | 11. MARITAL |

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

| | REGISTRAR | | CE | RTIFI | CATE OF | DEATH | REG. | NO. | | |
|------------------|---|---|------------------------------------|--------------|----------------------|--------------------|--|-----------------|--------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | | | 2. DATE OF DEAT | | | TIME OF DEATH |
| | ANNA | FRANK | ENFLET | D | PEA | RCE | May] | 704 | 997 | 8:00 Pm |
| | 4. SOCIAL SECURITY NUMBER | | 8. AGE (In yrs. last | _ | IF UNDER 1 YEAR | IF UNDER 24 HRS. | 7. DATE OF BIRTH | | | ACE (State or Foreign |
| | 219-36-0439 | 1 🗆 M 2 🏋 F | 93 | | ONTHS DAYS | HOURS MIN. | 3/5/19 | 17) | Country) | yland |
| I | 9s. FACILITY NAME (if not institution, give st 2720 Corbett | | | | | n LOCATION OF DI | | 1000000 | Y OF DEAT | imore |
| 2 | RESIDENCE OF DECEDENT | noau | | | 1. | OTLA COT | | | Jal U | THOIG |
| FUNEHAL DIMECTOR | 10a. STATE 10b. COUNTY | Baltimo | re | 10c. CITY, | TOWN OR LOCAT | Monk | ton | | | d. INSIDE CITY LIMITS? YES 2 A NO |
| _ | 10e. STREET AND NUMBER | Dar ormo | 10 | | 104 | ZIP CODE | 0011 | 10- CITIZE | | T COUNTRY? |
| HA | 2720 Corbe | tt Road | | | | 211 | 11 | | J.S. | |
| BY FUN | 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced | 12. WAS DECEDENT FORCES? 1 IF YES, GIVE W | YES 2 N | | | city Cuban, Maxica | NIC ORIGIN? (Specifion, Puarto Rican, etc.); | | Specify: | American Indian, thite, atc. |
| מ | 15. DECEDENT'S EDU | CATION | | | SUAL OCCUPATION | | 16b. KIND Of | BUSINESS/INDU | | O CO I COLL |
| <u></u> | (Specify only highest grade Elementary/Secondary (0-12) | College (1-4 or 5 + | Ma | Do NOT use | retired.) | st of working | | | | |
| 7 | 11 | 4 | | Te | acher | | Elem | entary | r S | ehool |
| COMPLE | 17. FATHER'S NAME (First, Middle, Last) | | | | | 18. MOTHER'S NA | ME (First, Middle, Ma | | | *************************************** |
| מו | | uy | Franke | | | Jessi | | tson | | drew |
| 5 | 19a. INFORMANT'S NAME (Type/Print) | 2.1 | | | 1 3 3 3 3 3 | | Route Number, City o | | | |
| | | ughter | | | Irish | | | on, Mo | | 21111 |
| | 20a METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) | oval from Stata | other ple | ICS) | TION (Name of con | | , | LOCATION - CI | | |
| N | 21. SIGNATURE OF FUNERAL SERVICE LIC | ENSEE / |) // | e ame | 22. NAME AN | D ADDRESS OF FA | CILITY | | | aryland |
| | Mr. Glad | den I | with I | | | | uneral sville. | | | • |
| | 23. PART I. Enter the disesses, Dr o | | | | | | | | | Approximate |
| | shock, or heart failure. IMMEDIATE CAUSE (Final | List only one caus | se Di ench ilne | | | | | | | Interval Between Onset and Death |
| | disesse or condition | HAD | m1051 | an a | 11 CE | MINDIA | SCHUR | DISE | 191- | 15:40 |
| | reaulting in death) | DUE TO | OR AS A CONSEC | DUENCE OF | : | 11-12-0-12-11 | JUN TIPL | · | X | 13/19 |
| 2 | | · Hys | GITTO | SON | , | | | | | 15416 |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate | DUE TO | OR AS A CONSEC | DUENCE OF) | : | | | | | |
| 2 | CAUSE (Disesse or Injury | C, | OR AS A CONSEC | | | | | | | |
| | that initiated events resulting in death) LAST | DUE TO | OH AS A CONSEC | DUENCE OF | ; | | | | | |
| | | d | | | | | | | | 1 |
| | PART II. Other significant condition | s contributing to | death but not r | eaulting in | the underlying | csuse given in | | S AN AUTOPSY | | ERE AUTOPSY FINDINGS |
| DICAL | | | | | | | | ES 2 NO | CC | OMPLETION OF CAUSE F DEATH? |
| | | | | | | | | - AL | | YES 2 NO |
| PHYSICIAN: ME | | | | | | | | | | |
| A | 25. WAS CASE REFERRED TO MEDICAL | 1 | | | 26. PL | ACE OF DEATH (C) | neck only one) | | _ | |
| 2 | EXAMINER? 1 YES 2 NO | HOSPITAL: | ER/Outpatient 3 | | OTHER: | e 5 TResidence | 6 Other (Specify |) | | |
| - | 27. MANNER OF DEATH | 26a. DATE OF | INJURY | 26b. TIME | OF 28c, INJ | URY AT | 28d. DESCRIBE H | | JRED | |
| | 1 Natural 5 Pending | (Month, De | ly, Year) | JUNI | | RK? (ES 2 NO | | | | |
| 2 24 | 2 Accident Investigation 3 Suicida 6 Could not be | 28a. PLACE OF | F INJURY — A1 ho atc. (Specify) | me, ferm, st | reet, factory, offic | | 281. LOCATION (S | | r Rural Rout | te Number, |
| ŭ | 4 Homicide detarmined | bonding, | att. (Specify) | | | | City or Town, | State) | | |
| , ה | 29a. CERTIFIER 1 CERTIFYING PHYS | ICIAN: To the best of | my knowledge, de | ath occurre | at the time, date | and place, and due | to the cause(s) and | manner as state | d. | |
| COMPLEIED | One) 2 MEDICAL EXAMINE | | | | | | | | | nd manner as stated. |
| מנו | 29b. SIGNATURE AND TITLE OF CERTIFIE | H _// | | | | 29c. LICENSE NU | MBER | 29d. DATE | SIGNED (M | lorgh, Day, Year) |
| 2 | alaller | Expre | | 0.3 | | D2343 | SO | | 5/14 | 197 |
| - | 30. NAME AND ADDRESS OF PERSON WH | | E OF DEATH (ITE | M 27) (Type, | | , | 7.7 | | | |
| | Walter Hep | | PARIODAIN'S | | Jac | eksonvi | lle, Ma | arylan | d | |
| | 31. DATE FILED (Month, Day, 1997 | James James | and almost | | | | | | | |

| | | 1. Decedent's Name (F | irst, Middle | Last) | | | Certific | ale oi | Dealii | 2. Date of Dea | Reg. No. | J 1 | 1 6 5 6 6 |
|--|--------------|---|----------------------------|-------------------------------|---------------------------------|----------------------------|---------------------------|------------------------------|--|---|----------------------------------|------------------------------|--|
| Physicia | _ | | , | | er Lee | Pugh | | | | Month | Day 19 | Year Q 7 | 2250 |
| /Medica Examine | | 4a. Facility Name (If no | t institution, | | | - 46 | | | 4b. City, Town, or | Location of Death | - L 7 | | 2230 |
| | | Union Hos | pital | of Cecil | Count | у | | | E1kton | | Cec | il | |
| Funeral Director | | 5. Social Security Numb 228-12-324 | 42 | 3. Sex 1 🔀 M 2 🗆 F | 7. Age (In yrs | s. last birtho | Monti | der 1 Year hs Deys | If Under 24 Hrs Hours Min | | , Year) | 9. Birthpi Count Virg | |
| death with the Maryland ms 23a or 28a-f show rmst be notified at | - | Usual Residence of De- 10a. State 10 | b. County | | 10c. C | City, Town o | or Location | | | | | 11 | 0d. Inside City Limit |
| I health end Mental Hyglene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examiner must be notified at | ò | Maryland | Cecil | | | E1kto | | | | | | | 1 ☐ Yes 2X No |
| r 28a | Directo | 10e. Street and Numbe | r | | | | 10f. | Zip Code | | | I0g. Citizen of | What Coun | try? |
| "natural", or items 23a o | | 1465 Blue | Ball | Road | | | 2 | 1921 | | | U.S.A | | |
| Suce. | by Funeral | 11. Meritel Status 1 Never Married 3 Widowed 4 | | Armed F | 2 No | | | cedent of H specify Cubs | lispanic Origin? (S an, Mexican, Puer Specify: | Specify Yes or No- to Ricen, etc.) | 14. Rad Bla Specifi | ce - America ck, White, c | etc. |
| | | 15. | Decedent's | Education | | 16a. De | ecedent's U | Isual Occup | ation | | 16b. Kind of B | | |
| | Completed | (Specify of Elementary/Seconder | | grade completed, College (| (1-4or 5+) | - (G | Give kind of fe. DO NO | work done of Tuse retired | during most of wo | orking | | | |
| | 5 | 7 | | | | Ship | ping | & Rec | eiving N | lanager | Chrys | ler Pa | arts Depo |
| d | Be | 17. Father's Neme (Firs | | st) Pugh | | | | | 18. Mother's Na | me (First, Middle, | | ne) | |
| | 2 | | | | | Land to | | 10. | | Winnie | - | | |
| | | Ora L. Pu | | | | | | | | ural Route Number - Elkton | | State, Zip 1921 | Code) |
| | | 20e. Method of Disposit | ion remation 3 | ☐Removai from | State | Place of Di cemetery, | isposition (I | Neme of or other place | | 5-P19 | 20c. Location | City or To | |
| | - | 4 Donation 5 21. Signature of Funera | | | | | | | ss of Fecility | 1997 | Union, | Mary | land |
| ouo | | | | | - | | Hicks | Home | for Fun | erals, P | Α. | m 01(| 201 5501 |
| | + | 23a. Part1. Enter the d | isease, or co | omplications that | caused the dea | | | | | reet - E1 | | 1D 215 | Approximete |
| ian | 1 | shock, or heart tai | lure. List on | ny one ceuse on | each line. | | | | | | | i | Onset and Death |
| cal ner | | Immediate Ceuse (Fina disease or condition | ıl | . (| VA. | | | | | | | 1 | 1 |
| | | resulting in death) | | α. | Due to | (or as a cor | nsequence | ot): | | | | | |
| | Examiner | | | b | | | | | | | | 1 | |
| 200 | LX a | Sequentially list conditi- if any, leading to immed ceuse. Enter Underlyin Cause (Disease or Injur | ons, diate | | Due to | or as a con | nsequence o | of): | | | | i | |
| 100 | dicai | fuel luffated events | y < | C | Due to (| or as a con | sequence o | nf)· | | | | | |
| Medical Evamir | Med | resulting In deeth) Last | l | | | | | .,. | | | | 1 | |
| 700 | Pnysician/Me | | | d | | | | | | | | | |
| Dhveicia | SIC | Part II. Other eignificen | t conditions | contributing to d | eath but not re | sulting In th | e underlyin | g cause giv | en in Part I. | 23b. Dld to | obacco use co | ntribute to | the cause of death |
| 4 | Ž. | | | | | | | | | 1 🗆 Y | ee 2□ No | 3 Prob | ably 4 (Unknow |
| Interd hy | Completed by | | | | | | | | | 24a. Was a perfor | in autopsy med? | con | re autopsy findings ilable prior to appletion of ceuse |
| į | E | | | | | | | | | 1 🗆 Y | es 2 No | | leath?] Yes 2□ No |
| Re | | 25. Was cese referred t | o medical | | | | | | 26. Place of De | ath (Check only or | // | | 1165 20140 |
| control of the contro | 0 | exeminer? | | Hospital: | Inpatient 2 |] ER/Outpa | atient 3 | DOA Oth | or: | lome 5 ☐ Resid | | er (Specify |) |
| | | 27. Manper of Death 1 Natural 5 2 Accident | ☐ Pending Investigat | | of Injury th, Day Year) | 28b. Tim Inju | | 28c. Injun Worl | yat k? Yes 2 □ No | 28d. Describe h | ow injury occur | red | |
| Certification. | erillic | | Could not determine | be 28e. Place build | of Injury - At ting, etc. (Spec | nome, farm, | , street, fact | ory, office | | 28f. Location (S City or Town | treet and Numi n, State) | oer or Rural | Route Number, |
| Polical C | | 29a. Certifier (Check only one) | Certifying I Madical Ex | amfner: On the b | asis of examin- | owledge, de ation end/o | eath occurre | ed at the tim | ne, date and place | e, and due to the curred at the time, d | ause(s) and ma ate and place, | anner as sta | ated. the ceuse(s) |
| completely filled in by | - 1 | 29b. Signature end title | of certifier | end man | ner stated. | | | 29c. License | e number | 2 | 9d. Date signe | d (Month, L | Dav. Year) |
| | |) sui c | | lua A | 47 | | | | | | 51 | 171 | 97 |
| 1.1 | - | | | | ., | m 23e) (Tu | | | 823 | 56- E1 | 3 | | 1 " |
| -11/At | | 30. Neme end eddress of | CITI | o completed can | | | | | | | | | |

97-2369-033 UNK.97-098 B.K.S

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

10f. Zip Code

1 Yes XXNo

20747

Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.)

Specify:

10d. Inside City Limits 1 Yes 2 □ No

10g. Citizen of What Country?

Specify:

14. Race - American Indien, Black, White, etc.

Black

USA

CHARLES POLLARD Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Day **Physician** 1997 Charles Deon Pollard MAY 0458 AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 6402 CREIG STREET SEAT PLEASANT PRINCE GEORGES If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number Dete of Birth Month, Dev. Year) 9/20/78 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) XXM 2□ F Yrs. 18 578-98-8576 Maryland

10c. City, Town or Location

Suitland

12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 No if Yes, Give Yeer or Detes:

Funeral Director

Usuei Residence of Decedent

1 ☑ Never Married 2 Married

3 ☐ Widowed 4 ☐ Divorced

10e. Street end Number

10b. County

PG

5084 Silver Hill Court

10a State

Md.

Director

Funeral

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B

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental Hygiene. Important: If item 27 Is marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, the Medical Examiner must be notif ad at once.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

pulsal or Attending Physician: The law requires that the death certificate be executed using after death.

The control of the continuation of the extending physician and the other this certificate has been signed by the ettending physician and the other by the funeral director, page 2 should be deteched for use as the burial-transit To the Hospital of within 24 hours a To the Funeral D

Division of Vital Records, P.O. Box 68760,

| 15. Decedent's E (Specify only highest gr | ducetion ede completed) | 16e. Decedent's U (Give kind of | Isuel Occupetion work done during most of we Tuse retired) | orking 16b. Kind of B | usiness/industry |
|---|---|------------------------------------|--|--|---|
| Etementery/Secondery (0-12) | College (1-4or 5+) | | | | h |
| 12. 17. Fether's Neme (First, Middle, Last |) | Stud | | H1g. eme (First, Middle, Meiden Surner | h School |
| Donny Bullock | | | | nda Pollard | ne) |
| 19e. Informent's Neme/Reletionship | Tuna Brint) | 10h Mailing Adde | | Rural Route Number, City or Town | Chata Zin Code) |
| | | | | | |
| Glenda Johnson, 20e. Method of Disposition | /Mother | 20b. Plece of Disposition (| | Ct. Suitland | Ma. 20/4/ - City or Town, State |
| tx Burial 2 ☐ Cremetion 3 ☐ | | cemetery, cremetory | or other place) | | |
| 4 Donetion 5 Other (Special | | | | 5/10/97 | Llandover, Md |
| 21. Signeture of Funerel Service Lice | nsee | 22. Neme | end Address of Fecility | | |
| Willed | | Dunn | & Sons 563 | 35 Eads St. N | E DC 20019 |
| 23e. Pert1. Enter the disease, or com shock, or heart feilure. List only | pilcetions thet ceused the one ceuse on each line. | e death. Do not enter the n | node of dylng, such es cardie | ec or respiretory errest, | Approximete Interval Between |
| | 0 | | | 0 | Onset and Deeth |
| Immediate Ceuse (Finel disease or condition | 9 your | shot Was | al of He | | |
| resulting in death) | Du | e to (or es e consequence | of): | | |
| | h | | | | |
| Sequentielly list conditions, if eny, leeding to immediate | Du | e to (or es e consequence) | of): | | |
| Cause, Enter Underlying Ceuse (Diseese or Injury | c | | | | |
| thet Initieted events resulting in deeth) Lest | Du | e to (or es e consequence o | of): | | |
| | d | | | | |
| | | | | | |
| Part II. Other significant conditions of | ontributing to death but r | not resulting in the underlyin | g cause given in Pert I. | 23b. Did tobecco use co | entributa to the cause of death? |
| | | | | 1 ☐ Yes 2 ☐ No | 3 Probably 4 Unknown |
| | | | | 24e. Wes en eutopsy | 24b. Were eutopsy findings |
| | | | | performed? | avellable prior to completion of ceuse |
| | | | | 4 - | of deeth? |
| 05 114 | | | | 1 Yes 2 No | 1 Yes 2□ No |
| 25. Was case referred to medical examiner? AAYes 2□ No | Hospital: | | Other | eath (Check only one) | , |
| 27. Manner of Deeth | 1 ☐ Inpatient | 2 ER/Outpetient 3 | DOA 4 Nursing | Home PAResidence 6 Oth 28d. Describe how injury occur | |
| 1 ☐ Naturel 5 ☐ Pending | (Month, Day Y | 'ear) Injury | 28c. Injury et Work? 1 ☐ Yes 2 🛣 No | Chart & ch | st- |
| 2 Accident investigatio 3 Suicide 6 Could not b | 100000 | 7- 0300 HRM | /\ | Service Strategick | torres Burnt Bouts Atomber |
| Homicide determined | 28e. Plece of Injury building, etc. (| | nory, onice | 28f. Location (Street end Number City or Town, State) | wat 6402 Cv2195 |
| 000 Codifice 4 1 0 11 1 1 | | rearotawu | lling | sent Pleasant, | Mayland |
| 29a. Certifier 1 Certifying Ph (Check only one) | nysician: To the best of n niner: On the basis of ex end manner stete | amination end/or Investiget | ed et ing time, date end pled ion, in my opinion, deeth occ | e, end due to the ceuse(s) end m urred et the time, dete end place, | enner as stated. end due to the ceuse(s) |
| 29b. Signature end title of certifier | | | 29c. License number | 29d. Date signe | ed (Month, Day, Year) |
| 0 | 1111 | | O.C.M.E | | 1, 1997 |
| " acodore | 4. Kuns | on | | | |
| | , | | Street Ral | timore Mary | land 21201 |
| 30. Name end eddress of person who | , | | Street, Bal | timore, Maryl | land 21201 |

State Registrar THEODORE MKING

MAY 15 1997

31. Dete filed (Month, Day, Year)

32 Registrer's Signeture

il Davoler Radall

| hysic | ian | Decedent's Name (First, | Middle, Las | · | | | | | | 2. | Date of Deat Month | Day | Yeer | 3. Time of Deeth |
|---|---|--|--|--|---|--|--|--|--|--|---|--|---|--|
| /Medi | cal | RUTH 4a. Facility Name (If not ins | titution oiv | PARK e street and n | | | | | 4b. City, Town, | | AY 11 | , 1997 4c. County | of Death | 9:05 AM |
| amii | ner | 1803 CAMPBEI | | | iumper) | | | 1 | SUITLAN | | ion or bount | PRINCE | | RCFS |
| neral ector | | 5. Social Security Number 056 18 5878 | 6. S | | | n yrs. last birtl Y | rs. If Und | er 1 Year | If Under 24 | Irs. 8. | Date of Birth | | 9. Birthple Count | ace (Stete or Foreign try) ington, D. (|
| | | Usual Residence of Deceder 10a. Stete 10b. C | | | 10 | c. City, Town | or Location | | | | | | | Od. Inside City Limits |
| | lor | // | | GEORGES | | o. o.,,, | | IIImi | AND | | | | | 1X Yes 2 No |
| | Director | 10e. Street end Number | INCE C | 3EURGES | 5 | | 1 | UITL Lip Code | AND | | 1 | 0g. Citizen of V | What Count | try? |
| | | 1803 CAMPBEI | L DRI | [VE | | | | | 746 | | | U | ISA | |
| | by Funeral | 11. Maritel Stetus 1 Never Merried 2 3 Widowed 4 Div | | 12. Was De Armed F 1 Tes If Yes, G Year or | ecedent Ever Forces? s 2 th No Give Dates: | r in U,S. | | edent of locify Cub | Hispanic Origin ben, Mexican, Pi Specify: | (Specify Jerto Ric | y Yes or No- en, etc.) | | a - America ck, White, e | etc. |
| | eted | 15. Dec | cedent's Ed | ducetion ade completed | d) | 16a. l | Decedent's Us (Give kind of w | sual Occu | pation during most of | working | | 16b. Kind of Bu | usiness/Ind | ustry |
| | Completed | Elementery/Secondery (0 |)-12) | College 4 | (1-4or 5+) | ADM | INISTRA | use retire | during most of ad) ASSIST | ANT | | U.S. G | OVERN | MENT |
| | To Be | 17. Fether's Name (First, M JOSEPH GRIF | |) | | | | | 18. Mother's KITTI | | irst, Middle, I | Meiden Sumen | 16) | |
| | | 19e. Informent's Name/Rel | | | | | | | t end Number o | | | | | |
| | | AUDREY M. P. 20a. Method of Disposition | ARKER | | 2 | | Disposition (N | | DRIVE | | | MARYLA 20c. Location - | | |
| | | f Buriel 2 Creme 4 Donation 5 Oth | | | | cemeters | N MEMOR | r other pie | ece) | | | Suit1 | • | |
| Duce. | | 21. Signature of Funeral Se | ervige Licen | 14. 01 | 110 | | | | S. POP | e FU | NERAT. | HOMES | | |
| | | 23a. Purtt. Enter the disee | ise or comp | plicetons thet | t caused the | death. Do n | 5538 1 | MARL | BORO PI | KE F | ORESTV | ILLE, M | D 20 |)747 Approximate Interval Between |
| n il | ler. | 23a Part Ener the disea whock of heart failure Immediate Cause (Final disease or condition resulting in death) | se or com List only | a. CHR | ONIC C | DBSTRU | 5538 1 ot enter the mo | MARL) ode of dy PULMO | BORO PI | KE FO | ORESTV espiretory error | ILLE, M | D 20 | |
| n | Examiner | Immediate Cause (Final disease or condition resulting in death) | | a. CHR | ONIC C | DBSTRUC to (or as a c HEART | 5538 1 ot enter the mo | MARL] ode of dy PULMO | BORO PII | KE FO | ORESTV espiretory error | ILLE, M | D 20 | Approximate Interval Between |
| n ai | ledical Examiner | Immediate Cause (Final disease or condition | | a. CHR | ONIC (Due | DBSTRUC to (or as a c IEART 1 | 5538 1 ot enter the mo | MARLJ ode of dyl PULMO f): | BORO PII | KE FO | ORESTV espiretory error | ILLE, M | D 20 | Approximate Interval Between |
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| מו מופגיגי, עמשפר אונסום עם מפוסיופל ומי מאפ פא וויפ מאומייופושויו מי מי מי מי מי מי מי מי מי מי מי מי מי | Certification: To Be Completed by Physician/Medical | Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant context in the | edicel Pending evestigation could not be letermined | CHR(a. CONGES b. c. d | Due Due Due Due Due Due Due Due | oto (or as a control to (o | 5538 to enter the more consequence of FAILURE consequence of the underlying patient 3 to ime of jury Mm, street, factor death occurred. | MARL) ode of dyl PULMO f): f): g cause gi 28c. Inju Wc 1 Cory, office | BORO PII Ing, such es car DNARY DI Even In Part I. 26. Place of ther: 4 Nursin Ingrat Ingr | Death (Cong Home 286 286 286 286 286 286 286 286 286 286 | ORESTV espiretory error SE 23b. Did to 1 Ye 24a. Was a perform 5 P Reside 1. Describe he Crity or Town | Desco us co | ntribute to 3 Prob 24b. We ave cor of c 1 C arer (Specify red | Approximate Interval Between Onset end Death D |
| completely filled in by the funeral director, page 2 should be deteched for use as the burial-trensit and any injury or other | To Be Completed by Physician/Medical | Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant content of the condition of th | enditions conditions conditions conditions conditions conditions could not be determined the conditions could not be determined the conditions could not be determined the conditions could not be determined the conditions | CHR(a. CONGES b. c. d | Due Due Due Due Due Due Due Due | oto (or as a control to (o | 5538 to enter the more consequence of FAILURE consequence of the underlying patient 3 to the underlying me of jury Mem, street, factor death occurre for investigation | MARLI ode of dyl PULMO f): f): g cause gl 28c. Inju Wc 1 Cory, office | BORO PII Ing, such es car DNARY DI Even In Part I. 26. Place of ther: 4 \(\triangle \) Nursir iny at ink? I Yes 2 \(\triangle \) No | Death (Cong Home 286 286 286 286 286 286 286 286 286 286 | 23b. Did to 1 Y 24a. Was a perior 5 P Reside 1. Describe he Location (Sich) or Town | Desco us co | anner as steend due to | Approximate Interval Between Onset end Death Death Onset end Death Onset end Death Onset end Death Onset end D |

State of Maryland / Department of Health and Mental Hygiene

| Physician Madical Examiner A. Facility Nama (if not institution, give straet end number) A. Facility Nama (if not institution, give straet end number) A. Facility Nama (if not institution, give straet end number) A. County of Death A. County of | | | Decedent's Nama (First, Middla, L. | ne él | | Certifica | te of L | Death | | leg. No. | 9/ | 1656 |
|--|----------------|----------|--|--|--------------------------|---------------------------------------|----------------------------|--------------------|-----------------------------------|-------------------|---------------|---------------------------|
| Experiment Secretary Number | Physicia | an | | 451) | Ph: | 11105 | S | | Month | Day | Yaar | 3. Tima of Death 11:55 Pt |
| SLADY SPECLMAN CHAPVILL HOST. Chevrolly, MD Prince Georges 5. Sould Scarrily Number 5. Sould Scarrily Number 6. Sould Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Specific Scarrily Number 7. Speci | | | | ve street end number | | 25.1 | | n City Town or I | | - | | 11.551 |
| \$ 5. Social Sciently Number \$ 10 No. 20 F 7. Age (in yes, teat before), Iffuence 1 Year 14 Unders 2 He 1. Age (in yes, 12 Unders 2 He 1. Age (in yes, 12 Unders 2 He 1. Age (in yes, 12 Unders 2 He 1. Age (in yes, 12 Unders 2 He 1. Age (in yes, 12 Unders 2 He 1. Age (in yes, 12 Unders 2 He 1. Age (in yes, 12 Unders 2 He 1. Age (in yes, 12 Unders 2 He 1. Age (in yes, 12 Unders 2 He 1. Age (in yes, 12 Unders 2 He 1. Age (in yes, 12 Unders 2 He 1. Age (in yes, 12 Unders 2 He 1. Age (in yes, 12 Unders 2 He 1. Age (in yes, 12 Unders) Examine | er | | | | HOST | | | | | | 202 |
| May 22, 1922 Washingto W | unaral | | | | | thday) If Unde | r 1 Year | If Undar 24 Hrs. | 8. Data of Birth | | | 0 |
| 100. State 100. County 100 | | | 202-40-3304 | 1□M 2\\ F | 75 | Yrs. Months | Deys | Hours Min. | May 22 | , Yaar) , 1922 | | |
| Security | MOM W | | | | 10c. City, Tow | n or Location | | | | | 10d | d. inside City Limit |
| College (1-of 5-) Nurse | 12 | tor | VA.,nc | | Alexan | dria. V | A | | | | | 1 Yas 2 N |
| Baseling Continued Conti | or 28 | Jire | 10e. Street and Number | | | 10f. Zij | Code | | 1 | log. Citizan of V | Vhat Country | 17 |
| College (1-or 5-) Nurse | 23a | | 3860 Florence Dr | #3 | | 223 | 305 | | Ţ | Jnited S | States | |
| Bear Comment | r, or frems | | 1 Navar Married 2 Marriad | Armed Forcas? 1 ☐ Yes 2 ☐ If Yas, Giva ♠ | | | | | pacify Yas or No- Rican, etc.) | Blac | k, Whita, ato | с. |
| Barrian Comparison Compar | PALE I | pa | | | 16a | Dacadent's Usu | al Occupa | tion | | 16h Kind of Bu | | |
| 17. Pathoris Nama (Pirst, Middle, Median Surrame) 18. Median's Nama (Pirst, Middle, Median Surrame) | | plet | (Specify only highast gr | ade complatad) | E.\ | (Giva kind of wo | ork dona di sa ratired) | uring most of work | ding | | | |
| 17 - Faither's Name (First, Meddin, Median Surrame) | 44 | E O | Clamaritary/Secondary (0-12) | 2 years | | rse | | | | Andrew | Air F | orce Hos |
| Columnia | 8 6 | | 17. Father's Nama (First, Middle, Last |) | | | | 18. Mothar's Nam | a (First, Middla, | | | |
| 19e. Informaris Name/Rationaris (Type, Print) 19e. Maling Address (Straat and Number or Rival Route Number, City or Town, State, Zip Code) 3860 Florence Dr #3 a Date 20c. Location - City or Town, State 20c. Method of Disposition 10g Burlat 2 Cramation 3 21m 22m | | To | Ferry T Phill | ips | | | | Foreman | Philli | ps | | |
| Method of Disposition 1 (Reural 2 Caramation 3 Rearrows from State 4 (Constitute) 1 (Constitute) 2 Caramation 3 Rearrows from State 4 (Constitute) 2 Caramation 3 Rearrows from State 4 (Constitute) 2 Caramation 3 Rearrows from State 4 (Constitute) 2 Caramation 3 Rearrows from State 4 (Constitute) 2 Constitute) 2 Caramation 3 Rearrows from State 4 (Constitute) 3 Rearrows from State 4 (Constitute) 3 Rearrows from State 4 (Constitute) 3 Rearrows from State 4 (Constitute) 4 Rearr | aume aume | | 19a. Informant's Name/Ralationship | Type, Print) | 19b | Mailing Addras | s (Straat a | nd Number or Rui | al Routa Numba | r, City or Town, | Stata, Zip C | oda) |
| 20a. Mathod of Disposition 20a Mathod of Disposition 20a Data 20a Location - City or Town, State 20a Location 20a Lo | | | Mark Q. Phillips | (Son) | | | | | Alexandr | ia, VA | 2230 | 5 |
| AFIIngton National Ceme. 5/19/97 Arlington, VA 21. Signature of Funaria Service Leansaa 22. Name and Address of Feeling Bacon Funeral Home 3447 14th St. Washington, DC 20010 | | 4 | | Removel from State | 20b. Place of cemater | Disposition (Na ry, crametory or o | ma of othar place |) | | | | |
| 23a. Part Enter the diseases or complications that caused the death. Do not arriar the mode of dying, such as cardiac or respiratory arrest. 23a. Part Enter the diseases or complications that caused the death. Do not arriar the mode of dying, such as cardiac or respiratory arrest. 25a. Part Enter the diseases or complications that caused the death. Do not arriar the mode of dying, such as cardiac or respiratory arrest. 25a. Part Enter the diseases or complications that caused the death. Do not arriar the mode of dying, such as cardiac or respiratory arrest. 25a. Part III of the death of the d | ~ > | | | | Arlin | gton Nat | iona | 1 Ceme. | 5/19/97 | Arlingt | on. V | A |
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| 23a Part 1. Entar the diseases, or complications that caused that death. Do not aniar the mode of dying, such as cardiac or raspiratory arrest, inherenal Blad Disease or conditions are considered and inherenal Blad Disease or conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Sequentially list conditions. Due to (or as a consequence of): Due to (or as a c | EEB | | 11100 | | 071 | | | | | | | |
| Due to (or as a consequence of): | | | 220 Parti Fator the disease | ~ | | 3447 | 14th | St. Was | hington, | DC 20 | | |
| The part of the pa | | | shock, or haart failura. List only | ona causa on aach li | ne. | tot amar the mot | a or dying | , such as cardiac | or raspiratory arr | est, | lr lr | nterval Batween |
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| Sequentielly list conditions, if any, lacking to immediate a consequence of): Comparison of the control of t | | _ | radding at douting | 0 -0 | | | | 00 | .1 | - | | |
| Cause (Disease of Injury Intelligence of Section 1998) The property of the section of the secti | . sit | 틀 | | b. KEJ | PIKI | TIOK | 7 | 1 | 11000 | < (- | 7 | 3-~ |
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| Part II. Other significant conditions contributing to death but not rasulting in the underlying causa given in Part I. 1 | or us | la l | | 0. | | | | | | | | |
| 24a. Was en autopsy performed? 24b. Wars autopsy valiable prior completion of confidath? 1 | hed | Sic | Part II. Other signiffcant conditions of | ontributing to death b | ut not rasulting If | the underlying o | ausa give | n in Part I. | 23b. Dfd to | bacco use con | tribute to th | ne cause of deat |
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| 25. Was case referred to medical axaminar? 1 | pag | ် ပ | | | | | | | 1 □ Y | as 2) 9No | 1□ Y | /as 2□ No |
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| 7 -311) - 17 - 0 | - to | 읋 | | | y 10a1) II | | | | | | | |
| 7 -311) - 17 - 0 | by th | E | | Zoa. Place of inj | ury - At homa, fa | rm, streat, factor | y, office | | 28f. Location (SI | reet and Number | er or Rurel R | Route Number, |
| 7 -311) - 17 - 0 | is is | 9 | 4 Dilomolog | bulloing, at | с. (Зреспу) | | | | City of Yow | i, Siaia) | | |
| 7 -311) - 17 - 0 | y fill | | 29a. Cartifiar fectifying Ph | ysician: To the best | of my knowledge | death occurred | at the time | , date and place, | and dua to tha co | ause(s) and mai | nnar as state | ed. |
| 7 -311) - 17 - 0 | Piete L | ᇙ | (Crieck Orm) 21 Medical Exar | niner: On the basis of | axamination and | Vor invastigation | , in my opl | nion, daath occur | rad at tha tima, d | ata and placa, a | ind dua to th | a causa(s) |
| 30. Name and addrass of person who complated cause of death (Item 23a) (Type, Print) Post 1 20 Box 100 AD 20 | moo moo | | 29b. Signature end titla of certifiar | CARON . | 0 | 290 | . Licensa | numbar | 2 | 9d. Data signad | (Month, De | y, Yaar) |
| 30. Name and addrass of person who complated cause of death (Item 23a) (Type, Print) Road: # 290. Box.co. AAD = 20 | | | | O | M | | D- | 347 5 | 5 | 01- | -17 | -97. |
| (C.T.O.A.) (1000 MATERIAL POOL # 990. BOLING ALD - 90 | 1) | | 30. Name and address of person who | completed cause of d | eath (Item 23s) / | Two Prints | - | ^ | 2 | | | 1/ |
| 1 2) - KITA MI)- (TIME-MAIL INVIVA MARINI ALEXA, DECIMENDE TO | / | | S. T-RAD MA | (TUMP-N | witch. | Winill | RA | ad; # | 120; 8 | euro- | MD- | -2071 |

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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|----------------------------|--|------------------|---|---|---|--|--------------------|-----------------------------------|--|---|---|---|---|--|--|
| -11 | Physici | an | 1. Decedant's Nama | | 1 | | | | | 2. Dete of D Month | eath Day | Yaar | 3. Tima of Death | | |
| | /Medi | | KEITH PETROFF | | | | | | | May | 14 | 1997 | 10:59 AM | | |
| | Examir | ner | 4a. Fecility Name (If not Institution, give street and number) | | | | | | 4b. City, Town, o | r Location of Dea | th 4c. Count | of Deeth | | | |
| | | | Doctor's | | · . | | | | Lanham | | Prin | ce Ge | orge's | | |
| | Funeral | | 5. Social Sacurity Nun | | ex 7 ⊠M 2□F | Aga (In yrs. last | | If Under 1 Yes Months Day | | s. 8. Data of B (Month, D | irth ay, Year) 0, 1916 | 9. Birthpi Coun | lace (Stata or Foraign try) | | |
| | with the Maryland as or 28a-1 show the contilled at | | 172-01-06 Usuel Rasidanca of D | 8/ | | 80 | Yrs. | | | Aug. 1 | 0, 1916 | Penr | nsylvania | | |
| | | | | 0b. County | | 10c. City, To | own or Loc | ation | | | | 10 | Od. Insida City Limits | | |
| | | ō | Maryland H | rince C | aorga!e | Green | holt | | | | | | 1 X Yas 2 □ No | | |
| | | Je C | 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of W | | | | | | | | What Coun | trv? | | | |
| | 23s or | Funeral Director | 20 Lakeside Drive 20770 U.S.A. | | | | | | | | | | | | |
| | items 2 | Jera | 11. Marital Status | | 12. Was Daceda | nt Evar in U,S. | 13. W | | f Hispanic Origin? (aben, Maxican, Pua | Spacify Yas or N | | ce - Amarica | | | |
| Maryland 21215-0020 | 2 should be filled within 72 hours all and Mental Hygiere. Is reciked other than "natural", or raumatic event, the Medical Examp | by Fu | 1 Naver Marriad | | Armed Forca 1 X Yas 2 [If Yas, Giva Yaar or Data | | 1 | Yas, specify Cu □ Yas 2🎇 N | | rto Rican, atc.) | Specif | ck, Whita, i | | | |
| 9 | | | 1; | 5. Decedant's Ed | ducation | | Sa. Deceda | ant's Usuel Occ | upation | | 16b. Kind of B | usiness/Ind | s/Industry | | |
| 212 | | ple | (Specify Elementery/Second | only highast gra | da com <i>platad)</i> Collega (1-4c | N. E. I. | (Giva k lifa. D | ind of work don O NOT usa rati | a during most of wo | | | | | | |
| 2 | | To Be Completed | 11 | aly (O-12) | oonoga (1 401 01) | | Quality Con | | col Offic | er | U.S. G | Government | | | |
| g. | | | 17. Father's Name (Fit | 17. Father's Name (First, Middla, Last) | | | | | 18. Mother's Na | na) | a) | | | | |
| /la | | | Atanas Pe | troff | | | | | Mary K | oneff | | | | | |
| a | | | 19a. informent's Nam- | e/Ralationship (7 | ype, Print) | 1 | 9b. Mailing | Address (Stre | et and Number or F | Rural Routa Numi | ber, City or Town | , Stata, Zip | Code) | | |
| | | | Betty S. | Petroff | - Wife | | | | Drive, G | reenbelt | , Maryla | and 20 | 0770 | | |
| Baltimore, | 二五 五 音 | | 20a. Mathod of Dispos | | Ramoval from Sta | 20b. Place cema | of Dispos | ition (Nama of atory or othar p | /aca) | Deta | 20c. Location | - City or To | wn, Stata | | |
| Ĕ | mit. Page partment o portant: If y injury or \$28. | | 4 Donation 5 | | | la | | | etery 0 | 5/19/97 | Chelter | nham. | Maryland | | |
| alt | | | 21. Signature of Funa | ral Sarvio Licen | 1 | | 22. | Name end Add | ress of Facility | | | | | | |
| m | 88 E 58 | | Hen | No. | tu. | | | | Gasch's S | | | - | | | |
| | 1 5.8 | | 23a. Peril. Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. 4739 Baltimore Avenue, Hyattsville, MD 20781 Approximate Interval Between | | | | | | | | | | | | |
| 1 | | | shock, or heart fallura. List only one cause on each line. Interval Between Onset and Death | | | | | | | | | | | | |
| 4 | | | Immediata Causa (Finel disease or condition a ACUTE MYOCARDIAL INFARCTION 1 HOUR | | | | | | | | | | HOUR | | |
| | | | resulting in death) | | а. | Dua to (or as | 1 11 11 11 11 | | 11.02 1101 | , | | 1 | 1,1 | | |
| | | ine | | _ | Ante | ROSCLE | ROTIC | HEAR | T DISEAS | E | | 0 | ECADES | | |
| | | Examiner | Sequantially list condi | tions, | 0. | a consequ | | | | | | | | | |
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| 68760, | | edical | | | | | | | | | | | | | |
| | | - | | L | d | | | | | | | | | | |
| Box | | Physician/N | | | | | | | | | | | | | |
| | | ysic | Part fl. Other algnificant conditions contributing to death but not resulting in the underlying cause gi | | | | | | givan In Part I. | 23b. Did | d tobacco use contributa to the causa of death? | | | | |
| P.O. | | F | | | | | | | | 1□ | 1 Yes 2 No 3 Probably 4 U | | | | |
| ds, | | by | | | | | | | | | T | | | | |
| Ö | | etec | | | | | | | | 24e. We: perf | Ves an autopsy 24t erformed? | | b. Wara autopsy findings available prior to completion of cause | | |
| ě | The law ate has 2 page 2 a | Completed | | | | | | | | | | of o | leath? | | |
| 7 | or Attending Physician: after death. Director: After this certific in by the funeral director. | | | | | | | | | 1 🗆 | Yes 2 No | 1 🗆 | Yas 2□ No | | |
| ¥ . | | Be | 25. Was casa referred to medical axaminar? | | | | | | | | | | | | |
| 5 | | ٩ | 1 Yas 2 No 27. Manner of Death | 1 ☐ Yas 2 ☑ No Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing | | | | | | | | Homa 5 ☐ Rasidanca 6 ☐ Other (Specify) 28d. Dascribe how injury occurred | | | |
| 5 | | lou | | 5 ☐ Panding | 28a. Dete of Ir (Month, L | Day Year) | Time of Injury | 28c. Inj | | | | | | | |
| S | | cat | 2 Accident invastigation 3 Suicide 6 Could not be | | | | | | 1 Yas 2 No | | | | | | |
| Division of Vital Records, | | Certification: | 4 Homicide | datarmined | 28a. Placa of I | 28a. Placa of Injury - At home, farm, straat, factory, office building, atc. (Specify) | | | | 28f. Location (Street and Number or Rural Route Number, City or Town, State) | | | | | |
| ч | | | COn Continu | / | | | | | | | | | | | |
| | 24 hours 24 hours Funeral etely tilled | edical | 29a. Cartifiar (Check only one) 1 Cartifying Physician: To the basis of awmination end/or invastigation, in my opinion, death occurred at the fime, date and place, and due to the cause(s) and manner as stated. 2 Madical Examiner: On the basis of awmination end/or invastigation, in my opinion, death occurred at the fime, data and place, and due to the ceuse(s) and manner stated. | | | | | | | | | | ated. the ceuse(s) | | |
| | within 24 hours To the Funeral completely filled | Mec | And maining stated. | | | | | | nsa number | 29d. Date signed (Month, Day, Yaar) | | | | | |
| | E # # 8 | 100 | 1/2A | 0/// | 11, | | | | 2278 | _ | 5/14/ | | · · · · · · · · · · · · · · · · · · · | | |
| 1 | Dur | | very | male | un | | | | CCTO | | 9/11/ | 1 | | | |
| (3 | 5/ Vo | | Name and addrass Peter M S | | MD 75 | 00 Gree | 1444 | 0. | . Green | ibelt, i | Md 20 | 170 | | | |
| 1 | Sta Registr | | 31. Data filad (Month, | 19 1997 | Regis | strar's Signeture | what | | | - | | | | | |

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** MAY 12. FRANCES DOWNS PARKER 2:55 /Medical 4a. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 5009 LUCIE LANE SUITLAND PRINCE GEORGES If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min. 5. Social Security Number Birthpiece (State or Foreign Country) 7. Age (In yrs. lest birthdey) 8. Dete of Birth (Month, Day, Year) **Funeral** Deys 1□M 2₩F Director 578-56-7315 52 Yrs. Dec. 4, 1944 South Carolina Usual Residence of Decedent the Marylend 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Director 1√ Yes 2□No Maryland Prince Georges Suitland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 5009 Lucie Lane Herns 23a U.S.A. 20746 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Maritei Stetus 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Detes: Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 ☐ No Specify: þ Specify: 3 ☐ Widowed 4 Divorced Black Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiena. Important: If fem 27 is merked other than any Injury or other traumatic avant Elementery/Secondary (0-12) College (1-4or 5+) Federal Government Dietary Technician 8th 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Ostill Downs Flossie Casey 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 216 R st., N.W. #203 Washington, D.C. 20001 Flossie Downs/Mother 20b. Piece of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 □ Buriai 2 □ Cremation 3 □ Removel from State 4 Donetion 5 ☐ Other (Specify) Lincoln Memorial Cem. 5/16/97 Suitland, Md. 21. Signature of Funeral Service Licenses 22. Name end Address of Facility Johnson & Jenkins Inc. 716 Kennedy St., N.W. Wash. D.C. 20011 23e. Part1. Enter the disease, or complications that baused the death. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. **Physician** Due to (or as e consequence of):

CURUNARY ARTERY SISEASE

Due to (or es e consequence of): /Medical immediate Cause (Finel disease or condition resulting In deeth) Examiner physician and s the burial-trensit The law requires that tha death certificate be axecuted Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last P.O. Box 68760, Physician/Medical Due to (or as e consequence of) Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Were autopsy findings eveileble prior to completion of cause of death? Completed 24e. Was en eutopsy performed? certificata 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica staly filled in by the funeral director, p 25. Was cese referred to medicel examiner? Be 26. Placa of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 | Homicide To the Hospital c within 24 hours of To the Funeral D completaly filled 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, dete and place, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end manner steted. 29a. Certifier Medical 29b. Signeture and title of certifier 29d. Date signed (Month, Dey, Year) 29c. License number 143460 30. Name end address of person who completed cause of deeth (item 23a) (Type, Print) MD 5100 AUTH WAYSUITLAND MD 20746 OKAFOR State Registrar

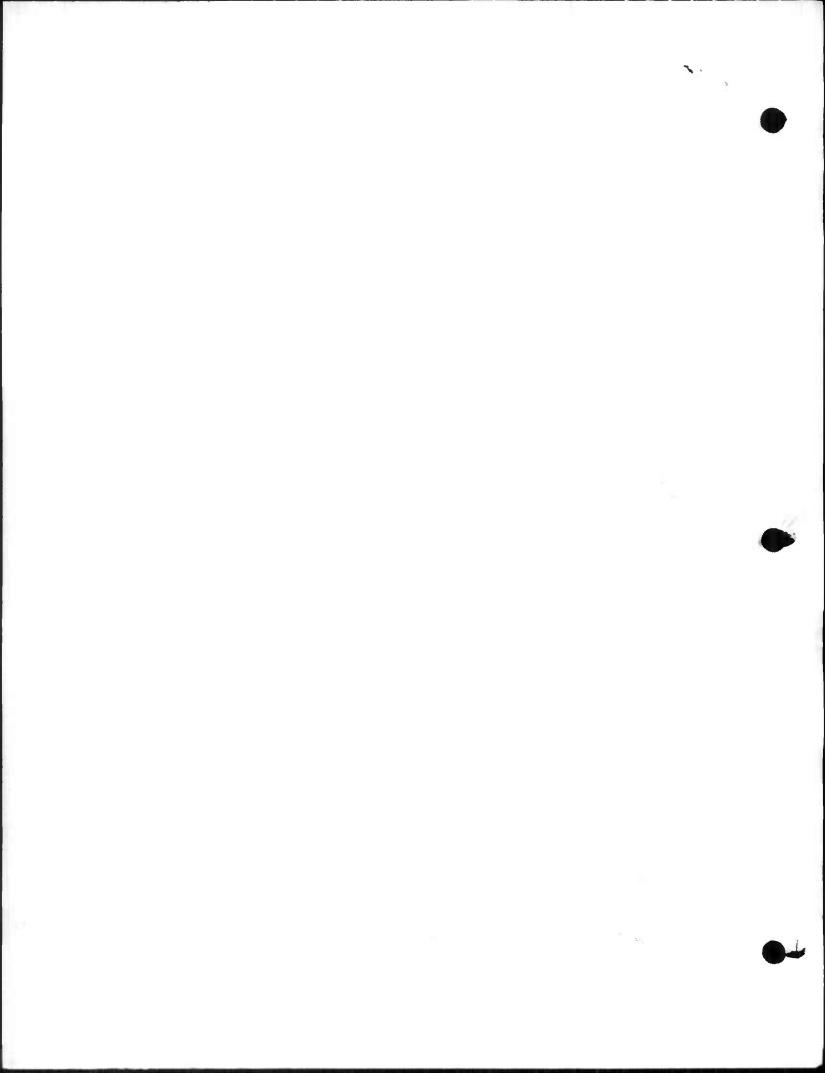
4 7 , 9

| ENDED | # | 7 P.G.C. 5-2 1. Decedent's Neme (First, M | <u>3-9/ cr</u> | of Maryland / | Dep: | artmen rtificate | t of H | lealth a Death | and M | | Reg. No. | 7 1 | 6572 | |
|--|--|--|--|--|--|---|------------------------------------|--------------------------------------|------------------------|---|--|-------------------------------------|--|--|
| Physici /Medic Examir | al | Violet K. Page 4e. Fecility Neme (If not Institution, give street and number) 4b. Cit | | | | | | | | May 9, | 1997ay Yeer 4c. County of Deeth | | 11:55 AN | |
| Funeral Director | | Fox Chase Rehab 5. Social Security Number 279–24–6170 Usual Residence of Decedent | 6. Sex 1 ☐ M ※※ F | ursing Cente 7. Age (In yrs. lest I 81 | | If Under Months | 1 Year Deys | Silve If Under Hours | , | 8. Dete of Bin Month, De January | Montg 29, **1916 | 9. Birthp | elece (State or F stry) Sylvania | |
| a-f show | ctor | 10e. Stete 10b. Cou | | 10c. City, To | wn or Lo | ocation | Wa | shingt | on | | | 1 | 0d. Inside City I | |
| 23a or 28 | Funeral Director | 5726 5th Street | eet, N.E. | | 10 | | Code | 20011 | | 10g. Citizen | | of Whet Country? | | |
| Haith and Mantal Hygiana. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Magical Examiner must be notified a | by | 11. Marital Stetus 1 □ Never Married 2 □ № 3 □ Widowed 4 🂢 Divor | Armed Fo | 2)()(No ive | | Wes Deced If Yes, spec | | spenic Ori n, Mexicer Specify: | gin? (Spo n, Puerto | ecify Yes or No Rican, etc.) | 14. Red Ble Specify | e - Americ ck, White, V: Blac | etc. | |
| lygiana. ner than "natu nt, the Moolca | Completed | (Specify only hig Etemporary/Secondary (0-1 | | 1-4or 5+) | | dent's Usue kind of wor DO NOT us INSE | l Occupa k done d e retired | | | | 16b. Kind of Business/Industry District Governmen | | | |
| Mantal Harked oth | To Be | | obert B. Pag e | | GHES | | | | 1 | Molly Hug | | | | |
| frem 27 is mother traum | | Mr. Robert Page | | | | | and Number or Rurel Drive Upper | | | | | | | |
| Department of H important: If its any injury or of once. | | 20e. Method of Disposition | Stete For E | of Disposition (Name of | | | | | 5/14/97 | 20c. Location - City or Town, State 4/97 Brentwood, Mary land | | | | |
| e attending physician and burial-transit of for usa as the burial-transit | Physician/Medical Examiner | Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest | a. Apb. Cec. Sud. | Due to (or es a bours) has Due to (or es a bours) has Due to (or es a bours) | a consecutive cons | quence of): | cid | out. | | | | | | |
| been signed by the a should be datached t | ρχ | Part II. Other significant cond | | | | | | en in Pert I. | | 1 🗆 ' | n eutopsy | 3 ☐ Prot | ere autopsy find | |
| has Ja 2 | Completed | | | | | | | | репо | rmed? 'es 2⊠No | of de | | | |
| his cartific | To Be | 25. Wes cese referred to med exeminer? 1 Yes 2 No 27. Menner of Deeth | Hospital: | Inpatient 2 ER/C | Time of | | A Othe | er: 4⊠ Nu | rsing Ho | n (Check only o | | er (Specif) | | |
| within 24 hours after death. To the Funeral Director: After complately filled in by the funer | Certification: | 3 ☐ Suicide 6 ☐ Cou | estigation and not be 28e. Plece | e of Injury - At home, ing, etc. (Specify) | M 1 ☐ Yes 2 ☐ No | | | | | 281. Location (Street and Number or Rural Route Number, City or Town, State) | | | | |
| in 24 hour the Funera plataly fill | 29e. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end my knowledge, deeth occurred et the time, dete end place, end my knowledge, deeth occurred et the time, dete end place, end my knowledge, deeth occurred et the time, dete end place, end my knowledge, deeth occurred et the time, dete end place, end my knowledge, deeth occurred et the time, dete end place, end my knowledge, deeth occurred et the time, dete end place, end my knowledge, deeth occurred et the time, dete end place, end my knowledge, deeth occurred et the time, dete end place, end my knowledge, deeth occurred et the time, dete end place, end my knowledge, deeth occurred et the time, dete end place, end my knowledge, deeth occurred et the time, dete end place, end the time, dete end place, end the time, dete end place, end the time, dete end place, end the time, dete end place, end the time, dete end place, end the time, dete end place, end the time, dete end place, end the time, end | | | | | | | | | nner es steted. Ind due to the ceuse(s) | | | | |
| Tor | 2 | 29b. Signeture and title of cert | ZW. | 5 m | | | 29c. License number 041 881 | | | 29d. Dete signed | | | (Month, Dey, Year) | |
| Star Registra | - | 30. Neme and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) Allan S. Rogers, M.D. 8630 Fenton Street Suite 900 Silver Spring, MD 31. Dete filed (Month, Dey, Year) Registrer's Signeture MAY 1 9 1937 | | | | | | | | | | | | |

DIVISION OF VITAL RECORDS, P.O. BOX 68760

| TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing hours after death. Page 6 may be retained by the hospital or attending physician. | TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
|---|--|--|--|
|---|--|--|--|

| | FOR 1 - STATE REGISTRAR | STATE OF | MARYLAND / | | TMENT O | | | MENT | | | | 0 1 | 165/ |
|-------------------------|--|---------------------------|---------------------------------|---------------------------|--------------------------------------|------------|----------------------------|---------------|---------------|-------------------|-----------|-------------------|---|
| | 1. DECEDENT'S NAME (First, Middle, Last |) | - CI | ENTIF | ICATE | יט יוע | EAIR | 2.04 | REG. | | | | 3. TIME OF DEATH |
| | JOSEPH L | EROY | PALME | R | SR. | | | MO | HTH | DAY | 997 | YEAR | 2:28 AM |
| | 4. SOCIAL SECURITY NUMBER | 5. SEX | 8. AGE (In yrs. las | | IF UNDER 1 YE | AR IF | UNDER 24 HRS. | May 7. DAT | TE OF BIRTH | 1 | 771 | 8. BIRTI | 1PLACE (State or Foreign |
| | 220-54-4563 | 1 😡 M 2 🗌 F | 45 | YRS. | MONTHS DA | YS HO | URS MIN. | Dec | . 17, | 10 | 951 | Count | |
| | 9s. FACILITY NAME (If not institution, give | street and number) | | | 96. CITY, TO | WN OR LO | CATION OF | | • 11, | 1 | 9c. COU | | |
| ۳ | Washington County | Hospita | 1 | | 1 | | rstow | | | | | | ngton |
| 5 | RESIDENCE OF DECEDENT | | | | | riuge | 13000 | | | _ | | JOHL | ington |
| DIRECTOR | 10a. STATE 10b. COUN | | | 10c, CIT | Y, TOWN OR L | | | | | | | | 10d. INSIDE CITY LIMITS? |
| | | rkeley | | | Fallir | | | | | | | | 1 TYES 2 X NO |
| NA NA | 10e. STREET AND NUMBER | | | | | 10f. ZIP | | | | | - | | WHAT COUNTRY? |
| FUNERAL | Route 1 Box 169 | | | | | 254 | | | | | USA | | |
| | | FORCES? | T EVER IN U.S. AR | NO | | | ENT OF HISP Cuban, Maxi | | | | or No- | 14. RACI Black | E — American Indian, k, White, etc. |
| ¥ | 3 Widowed 4 Divorced | IF YES, GIVE | MAR OR DATES | | 1 🗆 | YES 2 | NO Spe | city: | | | | Spec | " White |
| | 15. DECEDENT'S ED | | | | USUAL OCCU | | 100 | 1 | 6b. KIND OF | F BUSI | NESS/IND | USTRY | |
| ļ iņ | (Specify only highest grade Elementary/Secondary (0-12) | College (1-4 or 5 | life. | ive kind of . Do NOT u | work done durin se retired.) | g most of | working | | | | | | |
| . ₹ | 12 | | dı | river | | | | | tı | ruc | king | | |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Last) | | | | | 18. | MOTHER'S | NAME (Firs | t, Middle, Ma | siden S | umame) | | |
| m ه | Joseph Charles | Palmer | | | | | elen | I. | Kann | | | | _ |
| TO BE | 198. INFOHMANT'S NAME (Type/Print) | | | | ADORESS (St | | | | | | | | |
| | Vanessa L. Hafe | | | 7705 | | | ngton | Stre | | | | | Maryland 21740 |
| must be | 20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re | moval from State | | | of dispositio therplace) Cemet | | | 1 | | | | | own, State |
| | 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL BERVICE L | ICENSEE . | _ Kose | HILL | | | DRESS OF | 5/: | Z1 H | age | ersto | own, | Maryland |
| examiner | 0000 | m. a | V | | Ger | ald | N. Mi | nnic | h 3 | 05 | N. I | oto | mac Street |
| | Lucia 1. | 1 months | 10 | | | | Home | | Н | age | ersto | own, | Maryland |
| TIFICATION | 23. PART I. Enter the diseases, or shock, or heert fellure immediate cause (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING | a. Multione can oue to | tiple Tr | auma | F): | | | | | | | | Approximate Interval Between Onset and Death 30 minutes |
| 5 1 | CAUSE (Disease or Injury that initiated events resulting in death) LAST | DUE TO | (OR AS A CONSEC | OUENCE O | F): | | | | | | | | |
| | PART II. Other significant condition | ona contributing to | death but not r | eeulting | In the under | lying cau | ise given i | n Part i. | 24a. WA | S AN A | UTOPSY | 24b | . WERE AUTOPSY FINDINGS |
| MEDICA | | | | | | | | | 1 TYE | RFORM | | | AVAILABLE PRIOR TO COMPLETION OF CAUSE |
| : MEDIC. | | | | | | | | | 1 | - 20 | _ 140 | | OF DEATH? |
| | DID TOBACCO USE CON | TRIBUTE TO CA | USE OF DEA | TH YE | S I NO | XI U | INCERTA | IN \square | | | | | |
| PHYSICIAN: | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | 26. PLAC | E OF DEA | TH (Check only | one) | | | | | | | |
| YSICI | 1X YES 2 NO | HOSPITAL: | ER/Outpatient 3 | □ DOA | OTHER: | Home 5 | ☐ Residence | 6 🗆 Ot | her (Specify) |) | | | |
| E E | 27. MANNER OF DEATH | 26s. DATE OF (Month, E | | 28b, TIM | E OF 28c | . INJURY . | AT | 28d. D | ESCRIBE H | OW IN. | URY OCC | UREO | |
| BY PH | 1 Natural 5 Pending 2 Accident Investigation | | | 1:50 | A ^M 1 | YES | 2 📉 NO | Moto | or Vehi | icle | Acci | dent. | |
| | 3 Suicide 6 Could not be determined | building, | F INJURY — At ho etc. (Specify) | me, ferm, | street, factory, | offica | | 26f, LC | CATION (St. | reet an State) | d Number | or Rural F | Route Number, |
| | | Route # | 63 | | | | | Rt | #63 2 | mil | es so | uth c | of Huyetts |
| MPURIANI: IT 116M 28 18 | 29e. CERTIFIER (Check only one) 1 CERTIFYING PHY 2XX MEDICAL EXAMIN | | | | | | | | | | | |) and manner as stated. |
| BEC | 296. SIGNATURE AND TITLE OF CERTIFI | ER | | | | 29c | LICENSE N | UMBER | | T | 29d. DATE | SIGNED | (Month, Day, Year) |
| 8 | (devent W | Dixto. | W. W. | | | | D0106 | 52 | | | ▶ Ma | y 19 | , 1997 |
| <u>₹</u> | 30. NAME AND ADORESS OF PERSON W | HO COMPLETED CAU | SE OF DEATH-(HTE | M 27) (Type | Print) | | | | | | | | |
| | Edward W. Ditto | , III, 1 | A.D. | 217 | W. Was | hing | ton S | t. H | Hager | sto | wn, | MD | 21740 |
| | 31. DATE FILED (MONTH, Day, Year) | 33 hequistre | A'S SIGNATURE | fall. | | | | | | | | | |



97-2753-043 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. wlc State of Maryland / Department of Health and Mental Hygiene WANDA Certificate of Death PALMER 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Day 199 Yee May Wanda Jean Palmer 18, 0250a /Medical 4a. Fecility Nema (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** RTE. 63 STATE WASHINGTON Hagerstown

If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth
Months | Deys | Hours | Min. | (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 2√F Yrs. Director 220-58-3080 Usuel Residence of Deceden 45 March 25, 1952 Maryland filed within 72 hours after death with the Marylend 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Director W. Virginia Berkeley Falling Waters 1 ☐ Yes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 0 25419 USA Route 1 Box 169 A 238 Funeral 12. Was Decedant Ever in U,S. Armed Forces? 14. Race - American Indian, Bleck, White, etc. 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Marriad 2 Married 1 Yes 2 No If Yes, Giva Year or Detes: Baltimore, Maryland 21215-0020 ò 1 Yes 2 No Specify: Specify: White ð 3 Widowed 4 Divorced "natural". Completed Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 12 Homemaker Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) h end Mental I Pages 1 and 2 should be 1 Donald Newlin Annie Elizabeth Cromer James 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 Department of Health of Important: If Item 27 is any injury or other trac 9056. Vanessa L. Hafer 17705 W. Washington St. Hagerstown, Maryland 21740 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 Burlel 2 □ Cremetion 3 □ Removel from State 5/21/97 Hagerstown, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Rose Hill Cemetery Sanature of Funerel Sarvice Licensee 22. Name and Address of Fecility. Gerald N. Minnich 305 N. Potomac Street cio Funeral Home Hagerstown, Maryland 21740 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Physician /Medical Immediate Ceuse (Final diseese or condition resulting in death) Examiner Examiner bunial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): attending physiclan Physician/Medical the Due to (or as e consequence of). Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? s been signed by the should be datech 2 No 3 Probably 4 Unknown 1 Yes à 24b. Were eutopsy findings avellable prior to complation of cause of deeth? Completed 24e. Wes an eutopsy performed? 2 No funeral director Be 25. Wes casa referred to medical 26. Plece of Deeth (Check only one) examiner? Hospitel: Other: 4 Nursing Home 5 Residence 6 ther (Specify) SCENE Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Manner of Deeth 28e. Dete of injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation O(SO 1 Neturel Tranto Strektr -(8-97 2 Ccident 3 Sulcide iver 1 ☐ Yes 6 Could not be determined

To the Hospital or Attending Physician: The law requires that the death certificate be axecuted within 24 hours efter death.

To the Funeral Director: After this cartificate has been signed by the attending physician and Division of Vital Records, P.O. Box 68760. filled in by

> State Registrar

Medical

31. Dete filed (Month, Day, Year)

RON

4 Homloide

29e. Certifier

29b. Signafu

aus of deeth (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

32. Registrer's Signature

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Location (Street end Number or Rural Route Number, City or Town, Stete)

29d. Dete signed (Month, Day, Year)

May 18, 1997

6

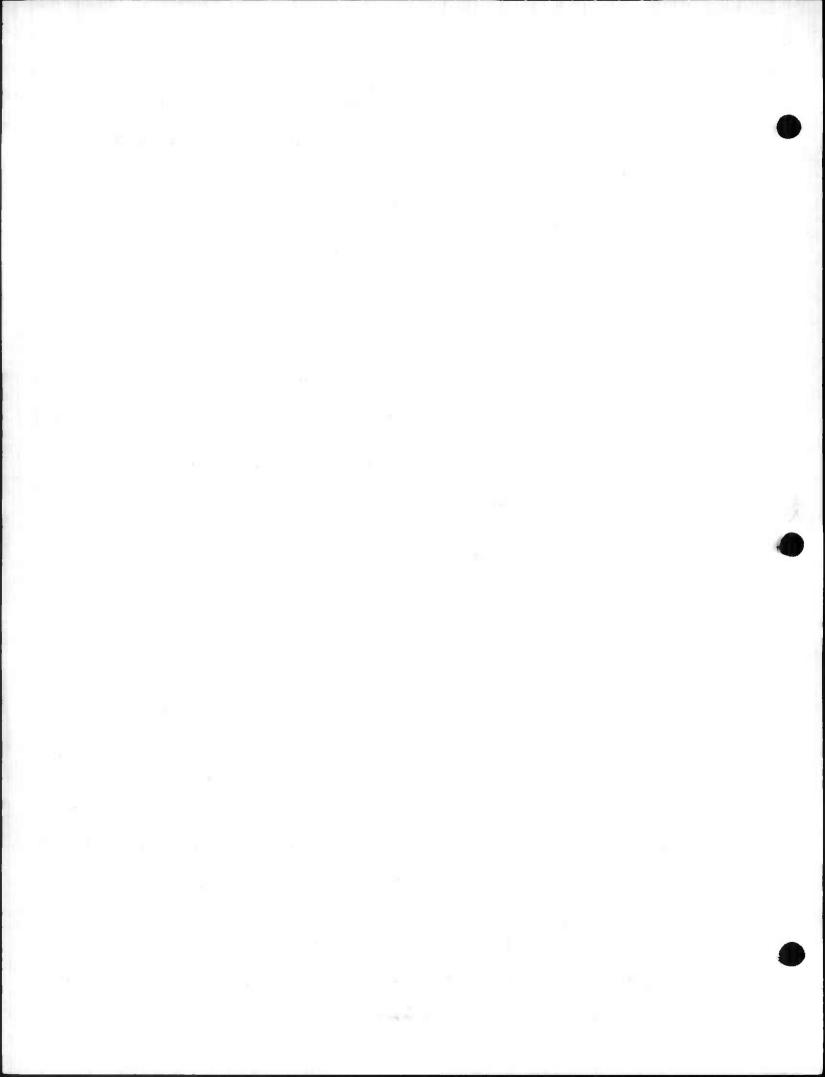
28f

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner stated.

29c. License number

O.C.M.E.



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician ABRAM** JOHN PHEIL, SR. 2020 05 /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Washington County Hospital Washington Hagerstown If Under 1 Year If Under 24 Hrs. B. Date of Birth
Months Days Hours Min. February 6, 1921 Pennsylvania 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1**X** M 2□ F Months 76 Yrs. 214-16-1161 Director Usuel Residence of Decedent death with the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits show 7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, the Modical Examinar must be notified at 1 ☐ Yes 2 ☐ No Directo Maryland Washington Hagerstown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20208 Jefferson Blvd. 21742 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - Americen Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours efter of Department of Health and Mental Hyglene. Important: If item 27 is marked other than "netural", or item any fillury or other traumatic event, The Modical Exercises any fillury or other traumatic event, The Modical Exercises. Armed Forces:
1 Pyes 2 No
If Yes, Give
Year or Detes: W.W. II 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: White Š 3 ☐ Widowed 4 ☐ Divorced Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Plant Manager Fuel Oil Company 3 years 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) Frank Pheil Hattie Ensminger 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Margaret Elizabeth Pheil/Wife 20208 Jefferson Blvd. Hagerstown, Maryland 21742 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Buriel 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) Smithsburg Cemetery May 19, 1997 Smithsburg, Maryland 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility Douglas A. Fiery Funeral Home
1331 Eastern Blvd. N. Hagerstown, Md.

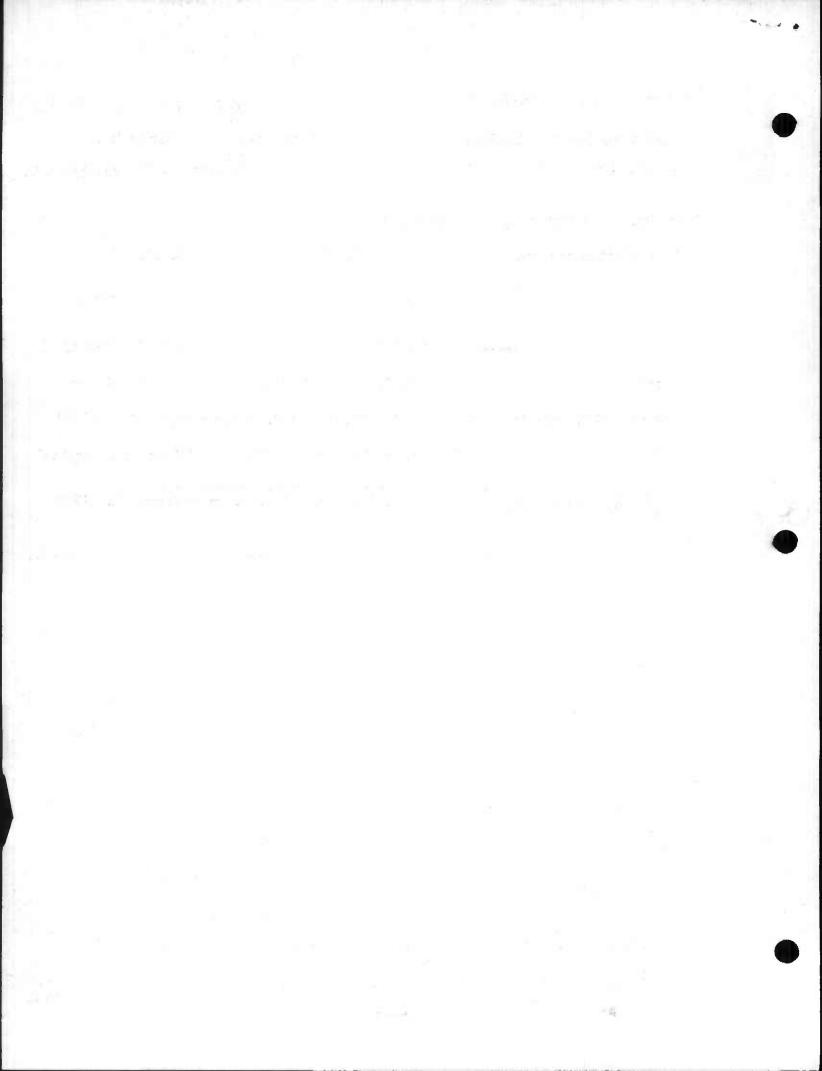
Iti. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, 21742 **Physician** /Medical Immediate Ceuse (Final of lune 4 months diseese or condition resulting in deeth) **Examiner** Examiner sician end buriel-transit Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): physician s the buriel Box 68760. Physician/Medical Due to (or es e consequence of): P.O. been signed by the e should be detached t Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the causa of death? 1 Yas 2 No 3 Probably 4 Unknown Mulhph Melong Records, þ 24b. Were autopsy findings aveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed certificate hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 1 Yes 2 No 5 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: 1 Ineturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 I Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) and menner stated. 29a, Certifier Medical 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Michael O. Milamas M.D. 041667 5.15.97 30. Neme end eddress of person who completed ceuse of death (Item 23e) (Type, Print) 11110 Medical Congus So, to 130 this ors hun Mo. 21742 Michael J. McCormack 31. Dete filed (Month, Dey, Year)

MAY 1 6 1997

State Registrar



| Senses Nathoniel Pocey de Action Name (if not instance, pas stand end number) Physicians (Sensor) A Hospital 1. A Plata 1. | 1.1 | Decedent's Name (First, Middle, | Last) | | Certi | ificate of | Dealii | 2. Date of Dee | eg. No. | | 3. Time of Florett |
|--|-------|---|--|----------------------|----------------|--------------------------------|-------------------------------|---------------------|----------------|--------------|------------------------------|
| 46. Cby, Town, or Location of Death 46. Cby, Town, or Location of Death 47. Age in your least brings. 48. Coursy of Death 48. Coursy of Death 49. 217–66-0432 217–66-0432 217–66-0432 218 Value Recentered to Deacedet 100. State 100. Coursy 100. Coursy 100. Coursy 100. Coursy 100. Coursy 100. Coursy 100. Coursy 100. State 100. Coursy 100. | 3 - | | | Posev | | | | Month | Day | 1007 | 9:25m |
| Physicians Memorial Rospital 5. Sooid Security Number 6. See 6. See 7. Age (in yrs. set birthology) 7. Ag | | | | | | | 4h City Town or I | , | | | 2.25 |
| S. Social Security Number 2.17—66.0—10.3.2 2.1 | | | | Der) | | | | LOCATION OF DEGIN | | | |
| 217-66-0432 108 20F 42 109 Mary Local Residence of Decoderal 100 County 10 | | | | Ana /In vre last | hirthday) | If Under 1 Yee | | O Date of Right | | | inna /Ctata as Faus |
| Stude Decodered Decodere | | | | | 1 | | | (Month, Dey | , Year) | | |
| 100. Clourly 100. Clourly 100. Clivy Town or Location 100. In Maryland Charles LaPlata 100. Street and Number Number of | | | | 42 | | | | July 2 | 3,195 | 4 Mar | yland |
| General Delivery | | | | 10c. City, T | own or Loca | ition | | | | 1 | 0d. Inside City Lim |
| Security 1.0 | 5 M | aryland Char | les | Ta | Dlata | | | | | | 1 1 Yes 2 □ |
| 1. Marties Status 12 Wes Depodent Ever in U.S. 13. Wes Decedent of Hisparic Origin' (Speed) Ves or No. 11 No. 20 No. | 106 | | 165 | ла. | riata | | | | On Citizen of | What Cour | try? |
| Sequential Divorced Divorced Use Sequential Divorced Use Sequential Divorced Use Sequential Divorced Use Divorced | | onewal Delin | | | | | | | | | |
| Sequential Divorced Divorced University Divorced University Divorced Div | 5 11. | | | lent Ever In U.S. | 13. Wa | | | pecify Yes or No- | | | an Indian. |
| Sequential Divorced Divorced Use Sequential Divorced Use Sequential Divorced Use Sequential Divorced Use Divorced | 5 | | Armed Ford | oes? | If Y | es, epecify Cul | ban, Mexican, Puert | o Rican, etc.) | | | |
| Table Tabl | | ** | If Yes, Give | | 10 | Yes 2 No | Specify: | | Speci | fy: Dla | ak |
| 15. Mother's Name (First, Middle, Leaf) 16. Mother's Name (First, Middle, Meiden Symane) 17. Mother's Name (First, Middle, Meiden Symane) 18. Mother's | | 15. Decedent's | Education | | 6a. Deceder | nt's Usual Occu | pation | | 16b. Kind of I | | |
| 15. Mother's Name (First, Middle, Leaf) 16. Mother's Name (First, Middle, Meiden Symane) 17. Mother's Name (First, Middle, Meiden Symane) 18. Mother's | | | | | (Give kir | nd of work done NOT use retire | e during most of world ed) | king | | | |
| 18. Mother's Name (First, Middle, Jeet) | 5 ' | O) | College (1-4 | 401 5+) | Fram | ner | | | Const | ruct | ion Com |
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| 24e. Wes en eutopsy performed? 24b. Were autovaliable to completion of death? 25c. Wes case reterred to medical examiner? 1 | | | 0 | | | | | | | 1 | |
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| 2 Accident 3 Suicide 4 Homicide 28e. Place of Injury - At home, farm, street, factory, offica 28e. Place of Injury - At home, farm, street, factory, offica 28e. Certifier (Check only one) 29e. Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) end manner as stated. 29b. Signature end title of cartifier 29b. Signature end title of cartifier 29c. License number 29d. Date signed (Month, Day, Ye) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) | - | Menner of Deeth | 28a. Date of | Injury 28 | b. Time of | 3LI DOM | 4 LI Nursing H | | | | / |
| 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) end manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at the time, date and placa, and due to the cause of death occurred at | | | | Dey Year) | Injury | | | | | | |
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| Khadar Raig MD 6600 Chair III I D C D | | | | | , . , | , | | | | 1 | |
| Khadar Baig, MD 6620 Crain Highway P.O. Box 190 IaPlata MD 20646 | 01 | Data Blad Office S | | | | 190 LaP | lata MD 2064 | 46 | | | |
| 31. Date tiled (Month, Day, Yeer) 32. Registrar's Signature MAY 2 1 1997 Alia Studior Radal | 31. | | | Institut s Signature | P | | | | | | |

State Registrar

Funeral Director

permit. Pagas 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or Nems 23s or 28s-4 show any Injury or other traumatic event, the Medical Experience invest to notified at each

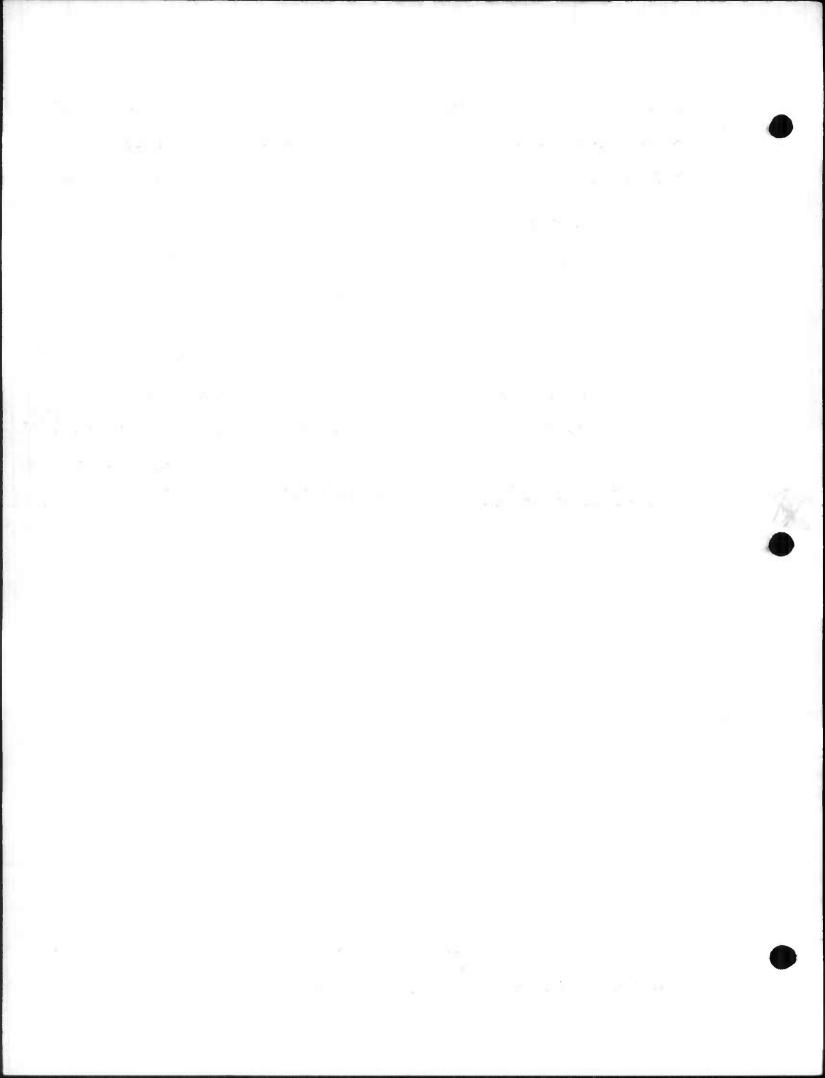
Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificete be associted within 24 hours after death.

To the Funeral Director: After this certificate hes been signed by the attending physician and complately filled in by the funeral director, paga 2 should be deteched for use as the buriel-transit

Division of Vital Records, P.O. Box 68760,

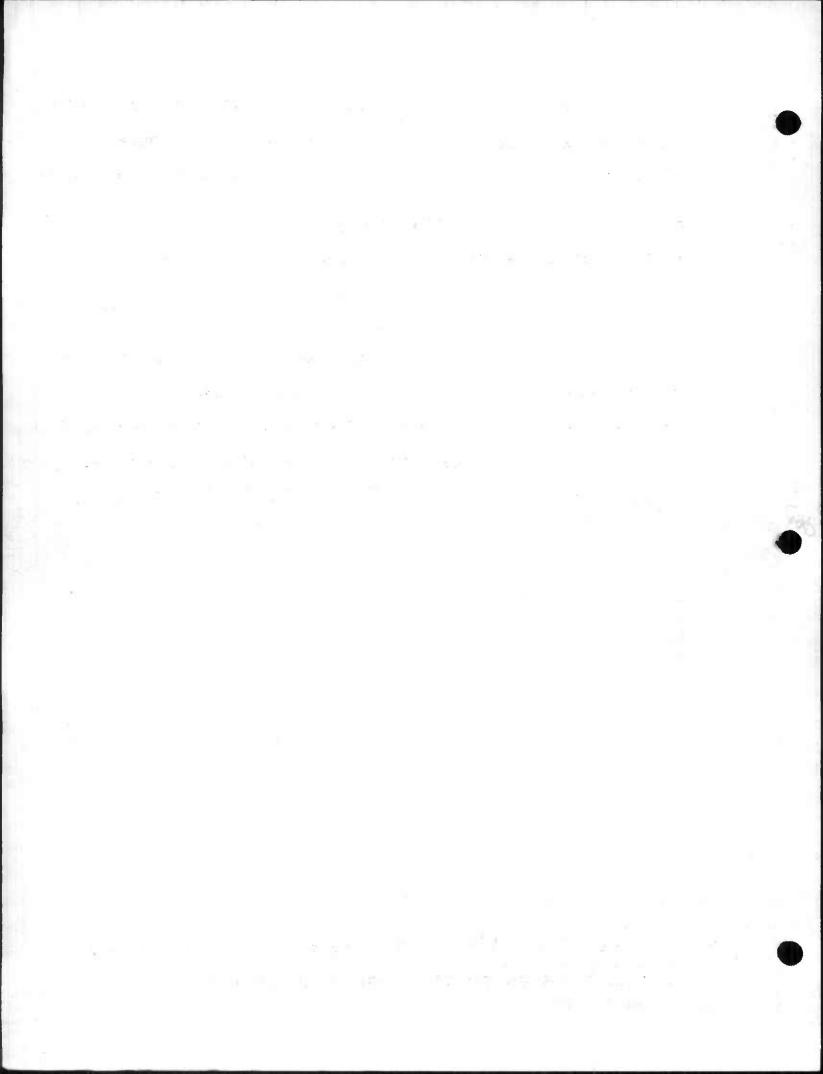
Baltlmore, Maryland 21215-0020



State of Maryland / Department of Health and Mental Hygiene 16577 Certificate of Death

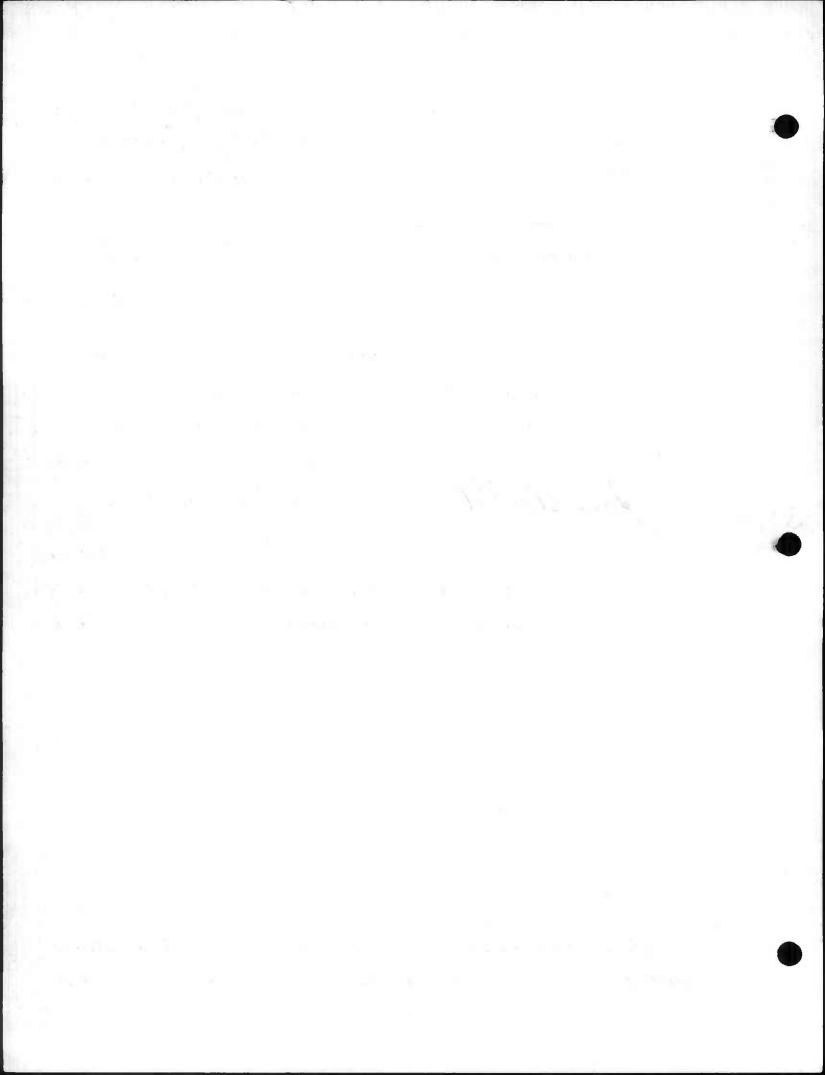
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| | Exami | | 4a. Facility Nama | (If not institution, | give streat and n | um <i>ber)</i> | | | 4b. City, 7 | own, or L | ocation of Daa | th 4c. Count | y of Death | |
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| Т | Funeral | | 5. Social Sacurity I | Numbar | 6. Sax | 7. Age (In yi | rs. last birthday) | If Undar 1 Ya Months Da | | or 24 Hrs. Min. | 8. Data of Bi (Month, D Oct. 25 | | | aca (Stata or Foraig |
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| Maryland | 2 0 0 0 | | 19a. Informant's N | | p (Type, Print) | | | | | | | er, City or Town | | |
| | f Heelth fem 27 other tr | | Ann L. P | | | 20h | 14801 Place of Dispo | Pennfie | eld Ci | rcle | #208 S | ilver S | pring, | MD 20906 |
| nor | 0 to 1 | | 1 ₩ Burial 2 | ☐Cramation 3 | B □Removai from | State | cematary, cren | natory or othar | olaca) | 1 | | | | |
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| Ba | permit. Peg Department Important: I any injury o | | 11-1 | 11 | 11 | | E. | ronoio | T Col | 11- | Funera | 1 Home, | Inc. | |
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| | 0 0 0 | Physici | Part II. Other signif | ficant condition | contributing to d | laath but not re | sulting in tha ur | nderlying causa | givan in Part | i. | 23b. Did | tobacco use co | ontribute to | the cause of death |
| P.0 | requires that the der een signed by the e hould be deteched f | F | (Lt) | E9 | YANG | RET | SE. | | | | 10 | Yes 2□ No | 3 Probe | ably 4 Unknow |
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| of | Physical distribution of the standard of the s | 1: To | 1 ☐ Yas 2 ☐ 27. Mannar of Deat | | 28a. Date | 1 - | ☐ ER/Outpatien 28b. Tlma of | 1 3LI DOM | 4 L N | ursing Ho | | denca 6 Oti | | |
| on | tending Ph leeth. lor: After th the funeral | itior | 1 Delatural 2 Accidant | 5 Pending invastigation | (Mor | nth, Day Year) | Injury | 28c. In V | /ork? □Yas 2□ |] No | | ,, | | |
| Division | or Attending of the destruction of the destruction of the funeration of the funerati | flea | 3 Suicide | 6 Could no datarmine | be 28a. Place | a of Injury - At | homa, farm, stra | aat, factory, offic | ×8 | | 28f. Location | Straat and Num | ber or Rural | Routa Number, |
| | s effer I Direction | Certification: | 4 Homicide | | build | ling, atc. (Spec | cify) | | | | City or To | wn, Steta) | | |
| | pspitu houn inera ly fille | | 29a. Certifier | 10 Certifying | Physician: To the | a best of my kr | nowiedge, deeth | occurred at tha | tima, date e | nd place, | and due to the | cause(s) and m | anner as sta | ted. |
| | To the Hospital or Att within 24 hours efter of To the Funeral Direct completely filled in by | edicai | (Check only one) | 2 ☐ Medical Ex | aminer: On the b | easis of axamir mer stated. | nation end/or inv | astigation, in m | opinion, da | eth occur | red at tha tima, | dete and place, | and dua to t | ha cause(s) |
| | To the Com | Σ | 29b. Signature and | tijia of certifiar | 4 | V 1, | | 29c. Lica | nsa number | | | 29d. Data signe | ed (Month, D | ay, Year) |
| | 10 | 1 | 1/ | al al | M | ther | mid | D-4 | 4436 | | | 5-1 | 1-9 | 7 |
| | | | 30. Nama and addr | | | | | | | | | | | |
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State Registrar



| | | Decedant's Name (First, Middla, | Last) | 1001 | Certific | ate of | Dealli | 2. Data of Dea | Reg. No. | 3.1 | Tima of Dee |
|---|--|--|--|---|---|--|---|--|--|--|---|
| Physic /Medi | | | lbert Payne | Jr. | | | | Month May | 12, 19 | 97 6 | :40PM |
| Exami | ner | 4a. Facility Nama (if not institution, g | | | | 1 | 4b. City, Town, or | | | | |
| | | Suburban H 5. Social Security Number 6 | - | - M ' | hint days If I In | dar 1 Yaar | Bethesda If Undar 24 Hrs. | | | gomery | |
| Funeral lirector | | 213-01-2100 Usual Rasidanca of Dacadant | 1€7 M 2□ F | a (In yrs. iest i | Yrs. Month | | Hours Min. | 8. Data of Birt (Month, Day May 23, | | 9. Birthplaca (Country) Ky | Stata or Fo |
| ž == | | 10a. Stata 10b. County | | 10c. City, To | own or Location | | | | | 10d. In | sida City L |
| f show | ō | Md. Mont | gomery | Vor | nsington | | | | | 11 | Yas 2 |
| 28a | Director | 10e. Street and Number | gomery | Kel | | Zip Coda | | 1 | 10g. Citizan of N | What Country? | Λ |
| 3a o | | 3620 Littleda | le Drive | | | 2089 | 5 | | | .S.A. | |
| E E | Funeral | 11. Marital Status | 12. Was Decedant | | 13. Was De | cedant of H | lispanic Origin? (S | pecify Yas or No- | | a - Amarican Inc | dian, |
| al', or items 23a or 28a-f show Examiner must be notified at | by Fur | 1 ☐ Navar Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced | Armed Forcas? 1 | Vo. | If Yas, s | pecify Cuba | Specify: | o Rican, atc.) | | ck, White, etc. White | |
| | Pe | 15. Decadant's | Education | | 6a. Decedent's U | sual Occup | ation | | 16b. Kind of B | usinass/industry | |
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| d other event, t | Be | 17. Fathar's Nama (First, Middle, La | st) | | | | 18. Mothar's Nan | na (First, Middle, | Meiden Suman | na) | |
| | To | Robert De | lbert Payne | s. Sr. | | | Maud | Snyder | | | |
| 7 is marke traumatic | | 19a. Informant's Name/Relationship | | | 9b. Mailing Addr | ass (Street | and Number or Ru | | r, City or Town, | Stete, Zip Coda |) |
| em 27 i | | Robert D. Payn | e. TIT | | 5401 - 3 | 9th S | treet, N | .W. Was | h. D.C. | 20015 | |
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| 큰근 . | | 21. Signature of Funeral Sarvica Lic | | date | | | ss of Facility | | | | , Mu. |
| E CO | | · a | 000011 | 10 | | | D | eVol Fun | | | |
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| rololon | | 23a Part Lorer tha diseasa, or co | ly ona cause on each lir | 10. | o not antai tha n | node or dylin | y, such as calculat | or raspiratory ar | idal, | Intan | oximata val Batwei it and Dea |
| /sician ledicai | | Immedieta Causa (Final | SI | =PSI | 5 | | | | | 1 | 044 |
| aminer | | disaasa or condition rasulting in death) | ө | | | | | | | 6 / | 1744 |
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| densit | Examiner | Comments the state and distance | D | Dua to for an | e consequanca | 20/01 | 130317 | 1-101 | 11 66 | 6 31 | 1/14 |
| physician and ss the buriel-trensit | Exa | Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury | CALA | | 30 WE | | NFAR | 1 | | 21 | 114 |
| /sicia | dicai | that initiated avants | c. 3/V1/T | | a consequanca o | | VIIIC | () | | 0.7 | CTY |
| g ph) | (w | rasulting In daath) Last | | Jua to (or as a | a consequanca o | ory. | | | | | |
| E 0 | Z | | d | | | | | | | | |
| ĕ 5 | cla | Part II. Other significent conditions | pontributing to death by | | - In Ata | | anda Ba a I | OOL DIA | - h | -A-M - A- A1 | |
| d for use es | | rait ii. Other significent conditions | contributing to death bu | it not rasulting | g in the undanyin | g causa giv | an in Pan I. | | obacco usa co ∕es 2⊡ No | ntribute to the o | |
| y the ettend ached for us | hys | | | | | | | | | 3 Probably | 4 (5) |
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| igned by the be detached | by | | | | | | | | | 24b. Wara au | topsy find |
| been signed by the should be detached | by | | | | | | | 24a. Was a | an autopsy | avallabla | prior to on of caus |
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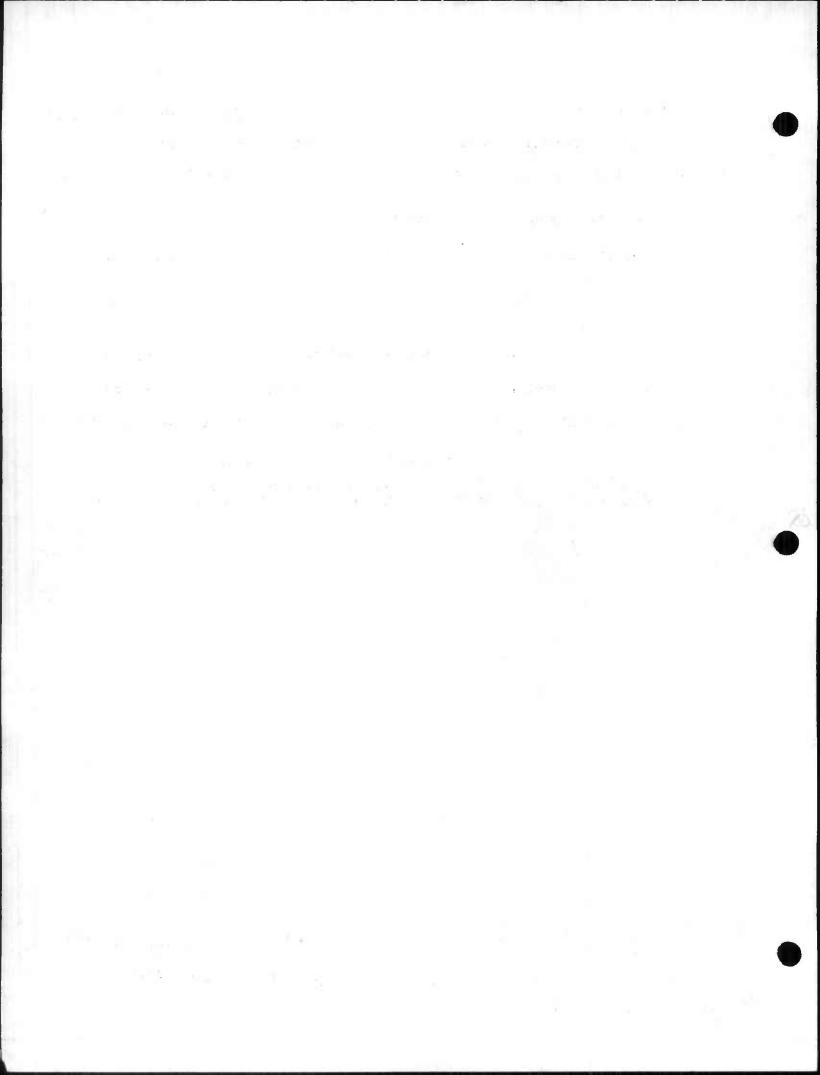
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0.7

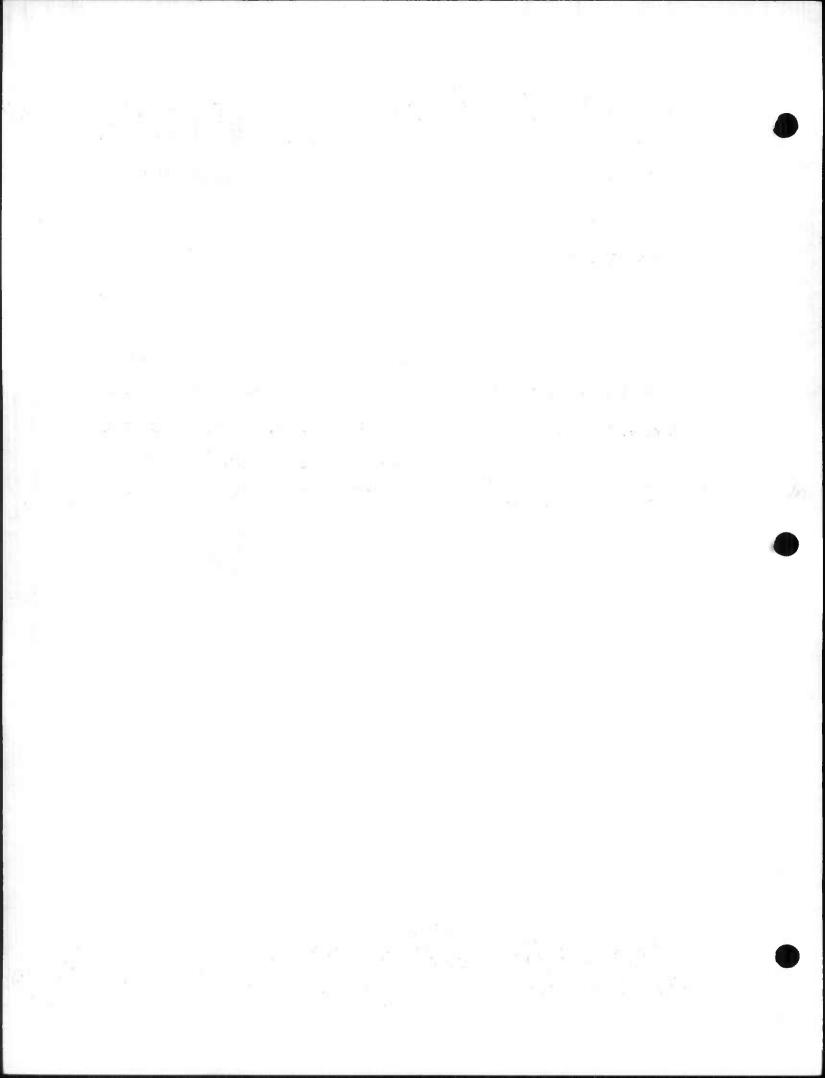
| | 4. Dependently May | IFT - 1 A 81-4. | | | | | | of Death | - | | Reg. No. | | |
|---|--|---|--|---|---|--|---|---|---|---|---|------------------------|--|
| ician | Decedent's Na | ne (rirst, Midd | ne, Last) | | | | | | 2 | Date of De Month | eath Day | Year | 3. Time of Deet |
| dical | ELSIE 3 | | | | | | | | | 05 | - 10 - | 1997 | 15:08 |
| niner | 4a. Facility Name | | | | | | | 4b. City, Tow | vn, or Loca | ation of Deat | h 4c. Cou | nty of Death | 13.00 |
| | Washingt | | entis | t Hospi | tal | | | Takoma | Par | k | Mont | gomer | У |
| al | 5. Social Security | | 6. Sex | | | last birthday) | If Under 1 Ye Months Da | | 4 Hrs. 8 | Date of Bir (Month, Da | | 44 | place (State or For |
| ir i | 577-26-4 | | 101 | / 2Å F | 80 | Yrs. | WOILIIS Da | ys Hours | N. N | ovember | 1, 1916 | Vi | rginia |
| | Usual Residence | | | | 1 | | | | | | | | |
| | 10e. State | 10b. County | У | | 10c. Cit | ty, Town or Lo | cation | | | | | | 10d. Inside City Lin |
| Funeral Director | Maryland | Monto | gomer; | у | Ro | ckvill | е | | | | | | 1 ☐ Yes 2 🔀 |
| 9 | 10e. Street and No | umber | | | | | 10f. Zip Cod | 0 | | | 10g. Citizen o | of What Cou | ntry? |
| 0 | 4411 Che | stnut L | ane | | | | 2085 | 3 | | | United | d Stat | .00 |
| era | 11. Maritai Status | | | . Was Decedent | t Ever in U | S 13 V | | | in? (Speci | fy Ves or No | | ace - Ameri | |
| 5 | 1 Never Mar | ried 2M Mar | | Armed Forces 1 ☐ Yes 2 ☐ | 7 | 10. 1 | Yes, specify C | of Hispanic Origi uban, Mexicen, | Puerto Ri | can, etc.) | В | lack, White, | |
| by | 3 Widowed | | | If Yes, Give Year or Dates: | | 1 | I□Yes 201 | No Specify: | | | Spec | cify: Wh | nite |
| 2 | 0 = 11100 1100 | | | | | | | | | | | | |
| Completed | (Spe | 15. Deceder ocify only highe | nt's Educei es <i>t grade c</i> | tion com <i>pleted)</i> | | 18a. Deced | lent's Usuel Oc kind of work do | cupation ne during most (ired) | of working | | 16b. Kind of | Business/In | dustry |
| E G | Elamantary/Sec | ondary (0-12) | | College (1-4or | 5+) | | | | | | | | |
| ပ္ပ | | | | 5+ | | Schoo | 1 Princ | | | | | cation | 1 |
| Be | 17. Father's Name | | , Last) | | | | | 18. Mother | 's Name (| First, Middle, | , Maldan Sum | ame) | |
| 2 | Berna | rd | Jeni | kins | | | | Mau | de | (| Unavai | lable) | |
| | 19a. informant'a N | lame/Relations | ship (Type | , Print) | | 19b. Mailln | g Address (Stre | eet and Numbar | or Rural I | Route Numbe | er, City or Tou | vn, State, Zip | Code) |
| | Clarence | E. Poh | ile | Hust | band | 4411 | Chestnu | t Lane, | Rock | ville | . Marv | land | 20853 |
| | 20a. Method of Dis | sposition | | | | | sition (Name of | | | Date | 20c. Location | | |
| | 1 ☐ Burial 2 | X Cremetion | 3 □Ren | novel from State | 9 | | | | | | | | |
| | 4 Donation | | | 1 | Che | esapeak | ce Crema | atory | 5/ | 13/9/ | Beltsvi | lle, | Maryland |
| | 21. Signature of F | uperal Service | Vicensee | 1/1 | 100 | 22 D | . Name and Ad | dress of Facility | 10113.00 | . D | ۸ | | |
| ă | 1// | 6 (| | 11: 110 | alls | | | eral Sé Avenue | | | | | and 209 |
| <u>ē</u> | resulting in death) | | a | M | Due to (o | or as a consequ | uence of): | tim | | | | | 1 hour |
| dical Examiner | Sequentially list or if any, laading to inceuse. Enter Und Cause (Disease or that initiated evant resulting in death) | onditions, mmediate erlying injury | a b c | M | yoca Bue to (or | or as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of as a consequence of a consequence of as a consequence of a consequ | Unda uence of) | nation | | | | | 1 hours |
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 97 16580

| | | | | | | Certificate of | Death | | Reg. No. | 10000 |
|------------|---|-------------------|--|--|--|---|------------------|--|---|---|
| | Physic /Medi | | 1. Decedant'a Nama (First, Middle, L | A. A | Ca-1/ip | J | | 2. Data of De Month | Day 19 | 3. Tima of Death 3: 10 A |
| | Exami | ner | 4a. Facility Náma (If not institution, gi 3002 Upton Driv | | | | Kensir | | Montg | |
| | Funeral Director | | 5. Social Security Number 6. 214-03-8901 Usual Rasidance of Decedant | Sax 1 M 2 F | a (In yrs. last birtl 87 ^Y | Months Days | | Min. (Month, Di | | Birthplaca (Stata or Foraign Country) DC |
| | Be-f show | Director | 10a. Stata 10b. County MD Montgot | nery | 10c. City, Town | or Location | | | | 10d. Insida City Limits 1 ☐ Yas 2 ☐ No |
| | eth with the 123s or 2 wast be no | | 10e. Street and Numbar 3002 Upton Dr: | | | 10f. Zip Coda 208 | 395 | | 10g. Citizan of What USA | |
| 020 | 72 hours after deeth with the Meryland nature!', or flerne 23a or 28a-f show dicel Examiner must be notified at | by Funeral | 11. Marital Status 1 □ Navar Married 2CXMarried 3 □ Widowad 4 □ Divorced | 12. Was Decedant I Armed Forcas? 1 ☐ Yas ※ N If Yas, Giva Yaar or Datas: | | 13. Was Decedent of If Yas, specify Cul | ban, Maxican, P | ? (Specify Yas or No uarto Rican, atc.) | | marican Indian, Inita, atc. White |
| 21215-0020 | within ene. then | Completed | 15. Decedant's E (Specify only highast g Elementery/Secondary (0-12) | Education rada completed) College (1-4or 5 | i+) | Decedant's Usual Occu Giva kind of work done lifa. DO NOT usa retin arpenter | a during most of | working | 16b. Kind of Busina | 1 2 1 3 7 5 |
| Maryland 2 | S at D | To Be Co | 17. Father's Nama (First, Middle, Las Charles Duard | | | arpencer | 1000 | Nama <i>(First, Middl</i> a nanda Me1 | Carpen , Meiden Sumama) vina Colli | |
| | SEE | | 19a. Informant's Name/Ralationship Harriet L. Phil 20a. Mathod of Disposition | | | Mailing Address (Street 3002 Uptor Disposition (Nama of | | | oer, City or Town, State con, MD 200 20c. Location - City | 895 |
| Baltimore, | rtment o | | t⊟ Burial 2 □ Cramation 3 I 4 □ Donation 5 □ Other (Spec 21. Signature of Funaral Service Lice | ity) | cematary | Lincoln Ce | emetery | May 16 1997 | Brentwoo | |
| Ba | Dermi Depa Impo any i | | 23a. Part . Enter the disaasa of cor shock, or heart failure. List only | Scerlo | tha death. Do no | Francis J. | . Collir | ulevard V | l Home, Ind Nest, Silva | er Spring, MD Approximate Interval Batween |
| | Physician /Medical Examiner | 16 | Immediata Causa (Final disease or condition rasulting in death) | a. Conge | estive Dua to (or as a c | posequence of): | t F | ailure | | Onsat and Death |
| x 68760, | eath certificate be axecuted attending physician and for use as the buriel-transit | /Medical Examiner | Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avents resulting in death) Last | . Hy | Due to (or as a co | Ston. | Di | abete | S | 3 7/2 |
| P.O. Bo | t the d | Physician | Part II. Other significant conditions | contributing to death bu | ut not rasulting In | tha undariying causa g | ivan in Part I. | _ | 1/ | ute to the cause of death? Probably 4 Unknown |
| Records, | ew requires is been sign 2 should be | Completed by | | | | | | 24a. Was | s an autopsy ormed? | tb. Wara autopsy findings available prior to completion of cause of daath? |
| of Vital F | Physician: The lathic this certificate harmal director, pege | To Be Co | 25. Was casa rafarred to medical axaminar? 1 \sum / yas 2 \sum No | Hospital: | nt 2□ER/Out | patient 3 DOA | ther | Death (Check onlying Homa 5 1) Ras | | 1 □ Yas 2 □ No |
| Division o | After fune | Certification: | 27. Manner of Death 1 Natural 2 Accident 3 Sulcida 4 Homicida 5 Panding Invastigatio detamlined | be 28a. Place of Inju | r Year) In | jury We | Yas 2□No | 28f. Location | how Injury occurred | r Rural Routa Number, |
| Ó | To the Hospital or Attanowithin 24 hours effer deatl To the Funeral Director: completely filled in by the | edical Cert | 29e. Certifiar 1 Certifying P | hysician: To the best of | of my knowledge, | death occurred et the t | ilme, data end p | lace, and dua to tha | cause(s) and manner | r as stated. |
| | To the Hospital of within 24 hours a To the Funeral D Completely filled I | Medi | 29b. Signature and title of certifler | fruis - | Affers | 1 | sa number | 78 | 29d. Data signed (M | |
| | Sta | to | 30. Name and address of person who I 31. Data filed (Month, Day, Year). | M . 32. Registre | high (Itour 23a) (T | englessio | mal | Ln. # | =3/A. R | schille MI |
| | Sta Registr | | MAY 161 | 99/ | ir's Signature | Marriage | | | | -00 12 |



State of Maryland / Department of Health and Mental Hygiene

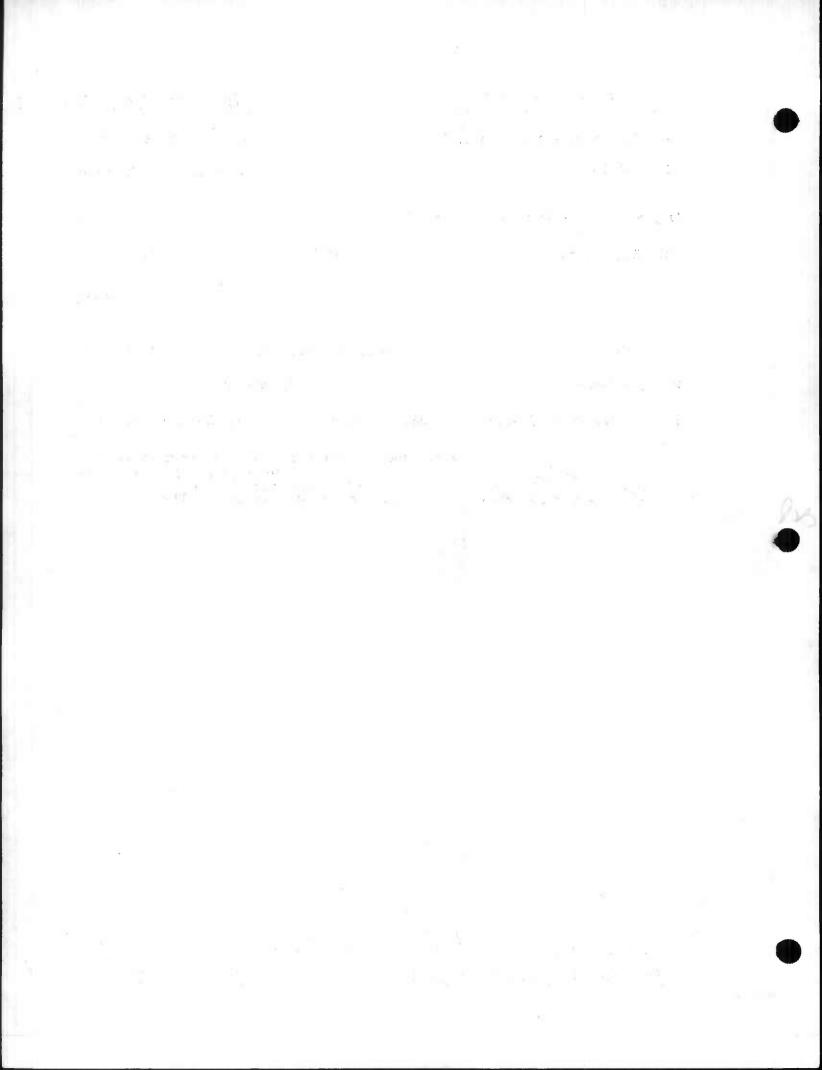
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** W////am M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Chath 4c. County of Deeth Examiner Washington Adventist Hospital Takoma Park Montgomery 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dev. Year) **Funeral** Birthplece (State or Foreign Country) 1₽M 2□F Months Deys Hours 88 Director 225-05-0813 Yrs July 1, Maryland Usual Residence of Decedent with the Maryland 10b. County 10c. City, Town or Location 28a-f ahow 10d. Inside City Limits Examiner must be nothlied at Director Maryland Prince Georges 1 ¥ Yes 2 No Adelphi 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5 Herms 23a 8811 Riggs Road 20783 USA death 1 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, should be filed within 72 hours effer ond Mental Hygiene. marked other than "natural", or iter Bleck. White, etc. Yes 2 No f Yes, Give Yeer or Detes: 1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0020 Š Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed the Medical 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 10 Circulation Manager Newspaper traumatic avant. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be permit. Peges 1 and 2 should be it Department of Health end Mental Important: If itsm 27 is merked of any injury or other traumatic ava William Peter Ida Mae Stone 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Barbara Ann Peter / Wife 8811 Riggs Road, Adelphi, Maryland 20783 20b. Pleca of Disposition (Neme of cemetery, crematory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Buriei 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Cemetery 5/10/97 Brentwood, Maryland 21. Signeture of Funeral Service License 22. Name end Address of FecilityHines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 23e. PertT. Enter the disease, or complications the caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** anoxic brain in /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury thet initiated events resulting in deeth) Last P.O. Box 68760. Physician/Medical for use es Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Leftknown Records, à director, page 2 should be Completed 24a. Wes en eutopsy performed? 24b. Were autopsy findings eveilable prior to completion of cause of deeth? certificate has 1□ Yes 1 ☐ Yes 2 ☐ No Division of Vital or Attanding Physician: Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA as effer dea.

Tai Director: Affer a.

To the funeral director After this 27. Menner of Deeth Certification: 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Neturei 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Straet and Number or Rural Route Number, City or Town, State) 4 Homicide Hospital To the Hospital within 24 hours of To the Funeral Completely filled 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete end placa, end due to the cause(s) end menner steted. Medical 29e. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 10 7600 Carroll Ave, 31. Dete filed (Month. Dev. Year) State Registrar

DHMH 16 Rev 6/95



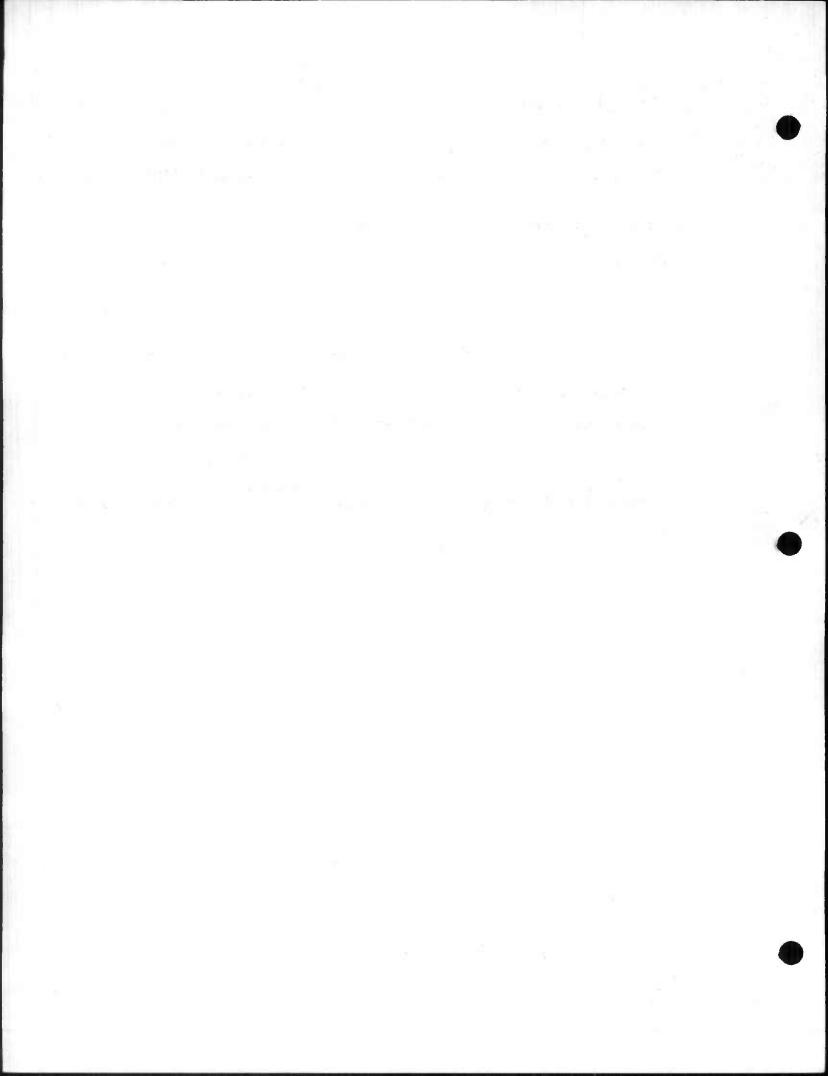
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Data of Death 3. Tima of Deeth **Physician** Month 199 0 /Medical 4e. Facility Name (If hot Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 10504 Moxley Road Damascus Montgomery If Undar 24 Hrs. 8. Data of Birth Hours Min. (Month, Day, Year) 5. Social Sacurity Number If Under 1 Year 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Deys 1⊠M 2□ F Yrs Director 579-09-6202 78 April 16,1919 Washington, D.C. Usual Residence of Decedant death with the Maryland 10a. State 10b County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner mant to notified at 1 ☐ Yas 2 € No Director Maryland Montgomery Damascus 10e. Straat and Numbar 10f. Zip Code 10g. Citizan of Whet Country? 20872 Funeral 10504 Moxley Road U.S.A Was Dacedant of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Maxicen, Puarto Ricen, atc.) 12. Was Dacedant Ever in U,S. Armed Forcas? 14. Race - American Indian, Black, Whita, atc. 11. Maritel Status permit. Pages 1 and 2 should be filed within 72 hours after a Department of Haelth and Mental Hygiena. Important: If Nem 27 is marked other than "natural," or Nem any injury or other traumatic event, the Medical Eventual page. 1 Navar Marriad 2X Married 1 ⊠ Yas 2 □ No If Yas, Giva 1943 — Yaar or Datas: 1945 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No þ Specify: 3 ☐ Widowed 4 ☐ Divorced 1945 White Completed 16e. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 15. Dacedant's Education 16b. Kind of Businass/Industry (Spacify only highast grada complated) Elementary/Sacondary (0-12) Collega (1-4or 5+) 11 Shop-Foreman Federal Government 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumema) Be Harry Eugene Phebus Vesta Elese Golden 19a. Intormant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Routa Number, City or Town, State, Zip Coda) Barbara E. Carter 6606 Charles Drive Mt. Airy, Maryland 20b. Place of Disposition (Nema of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata D Burial 2 ☐ Cramation 3 ☐ Ramovel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Fort Lincoln Cemetery 5/14/97 Brentwood, Maryland 21. Signetura de un eral Service License 22. Nama and Addrass of Facility Francis J. Collins Funeral Home, Inc. oper 500 University Blvd., W., Sil.Spr., Maryland 20901 sed the death. Do not anter the mode of dying, such as cerdiac or respiratory errast, Approximate 23a. Pert1. Enter the disease, or complications that of shock, or heart failure. List only one cause on the shock of the s Approximata Intarval Batw **Physician** /Medical Immediate Causa (Finel disaase or condition rasulting in death) Examiner Due o (or as a consequenca of) certificate be axecuted the burial-transit Sequentially list conditions, if any, laading to immadiate ceuse. Enter Undarlying Ceusa (Disaase or Injury thet initiated avants rasulting in death) Lest end Dua to (or as a consequence of) P.O. Box 68760, physician Physician/Medical Dua to (or as a consequence of): use as jo signed by the a d be detached t Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 4 Unknown 1 Yes 2 No 3 Probably Records, þ 24b. Were autopsy findings eveilabla prior to completion of cause of deeth? Completed 24a. Wes en eutopsy parformad? peed 20 No certificate Division of Vital Be 25. Was cesa rafarrad to madical 26. Placa of Daath (Check only one) axaminer? 1 Yes 2 Hospital: Othar: 4 Nursing Homa 5 Desidance 6 Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA this funeral 27. Mannar of Daath 28b. Tima of Injury Certification: 28a. Dete of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28c. Injury at Work? Attending Aftar 1 Atural 5 Panding Investigation To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completally filled in by the fun. 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicida 6 Could not be determined 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicide Certifying Physician: To tha best of my knowledge, death occurred at the time, date end place, and dua to tha cause(s) and mannar as stated.

2 Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and mennar stated. 29a. Certifier Medical (Check only one) 29b. Signatura and title of certiflar 29c. Licansa number 29d. Data signed (Month, Day, Yaar) 24+ 30. Nema and addrass of person who con mo 31. Deta filad (Month, Day, Year) 32 Ragistrar's Signatura State 4 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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Physician /Medical Examiner

3. Time of Death 12 Noon

10d. Inside City Limits

1 ☐ Yas 2 No

21034

Approximata intarval Batween Onset and Death

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Funeral

Director the Marylend show

Director

Funeral

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Completed

tiem 27 is marked other than "natural", or hems 23a or 28a-f sho other traumatic event, the Madical Examiner must be notified at 72 hours efter deeth with permit. Peges 1 and 2 should be filed within Department of Heelth end Mentel Hygiene. Important: If hem 27 Is marked other than any Injury or other traument.

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

Records,

Division of Vital

Physician /Medical Examiner

Examiner physician and the buriel-trensit that the death certificate be executed Physician/Medical 88 attending use Por ed by the a signed t by Completed peen hes page 2 certificate al or Attending Physician: T s effer death. Il Director: After this certificat ed in by the funeral director, pa 8 P Certification: the Hospital or thin 24 hours eff the Funeral Di mpletely lilled in Medical

1. Decedant'a Nama (First, Middla, Last) 2. Data of Daath Month May 1997 WILLIAM E. RANDOW, Sr. 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Darlington 4121 Flintville Road Harford 6. Sax M 2□ F If Under 1 Year If Undar 24 Hrs. Hours Min. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) Months Days Hours Yrs 62 216-30-7777 8/10/1934 Maryland Usual Rasidance of Decedant 10a Stata 10b. County 10c. City, Town or Location Maryland Darlington Harford 10e. Streat and Number 10f. Zip Coda 10g. Citizen of What Country? 4121 Flintville Road 21034 United States 12. Was Decedant Evar in U.S.
Armed Forcas?

1 Ayas 2 Norea
If Yas, Giva Korea
Yaar or Data Vietnam Race - Amarican Indian, Black, Whita, atc. Was Decedant of Hispanto Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 1 Nevar Married 2 Married 1 Yas 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 18b. Kind of Businass/Industry Elamantary/Secondary (0-12) Coltaga (1-4or 5+) Sergeant First Class U.S. Army 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Malden Surnama) Elmer J. Randow Esther Belle Reed 19a. Informant's Name/Ralationship (Type, Print) 19b. Malting Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zlp Coda) 4121 Flintville Road Sibylle Randow - Wife Darlington, MD 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramovai from Stata Dublin Southern Cem. 4 ☐ Donation 5 ☐ Other (Specify) 5/16 Darlington, MD 22. Nama and Addrass of Facility Harkins Funeral Home, Inc., Delta, PA in the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, the first only one cause on each line. Immediata Causa (Final disaasa or condition rasulting in death) seitensia Sequantiatly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disasse or Injury that initiated avants resulting In death) Last Due to (or as a consequence of) Dua to (or as a consequanca of):

27. Mannar of Death

1 Natural

2 Accident

3 ☐ Suiclda

29a. Cartifian

4 Homicide

29b. Signatura and title of certified

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy performed?

24b. Wara eutopsy findings available prior to complation of causa of death?

1 ☐ Yas 2 No

1 Tyas 2 No

25. Was casa rafarred to medicat 26. Placa of Death (Check only ona) axaminar? Hospital: 1 inpatient 2 ER/Outpatient 3 DOA Other: 4 Nurstng Homa 5 Rasidence 8 Othar (Specify) 1 Yas 2 No

28a. Data of injury (Month, Day Year) 28b. Tima of

28c. Injury at Work? 1 Yas 2 No

28d. Dascribe how Injury occurred

6 ☐ Could not be 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

🔁 Cartifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(a) and menner as stated. 2 Medicat Examiner: On the besis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.

5/13/97

Suite 114

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

29c. Licensa number

29d. Data signed (Month, Day, Year)

30. Nama and address of person who complated causa of daath (Item 23a) (Type, Print)

Stephen G. Smaldore, D.O., 2021 Emmorton Road

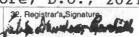
21015 Bel Air, MD

State Registrar

31. Data fitad (Month, Day, Year) MAY 1 4- 1997

5 Panding

Invastigation



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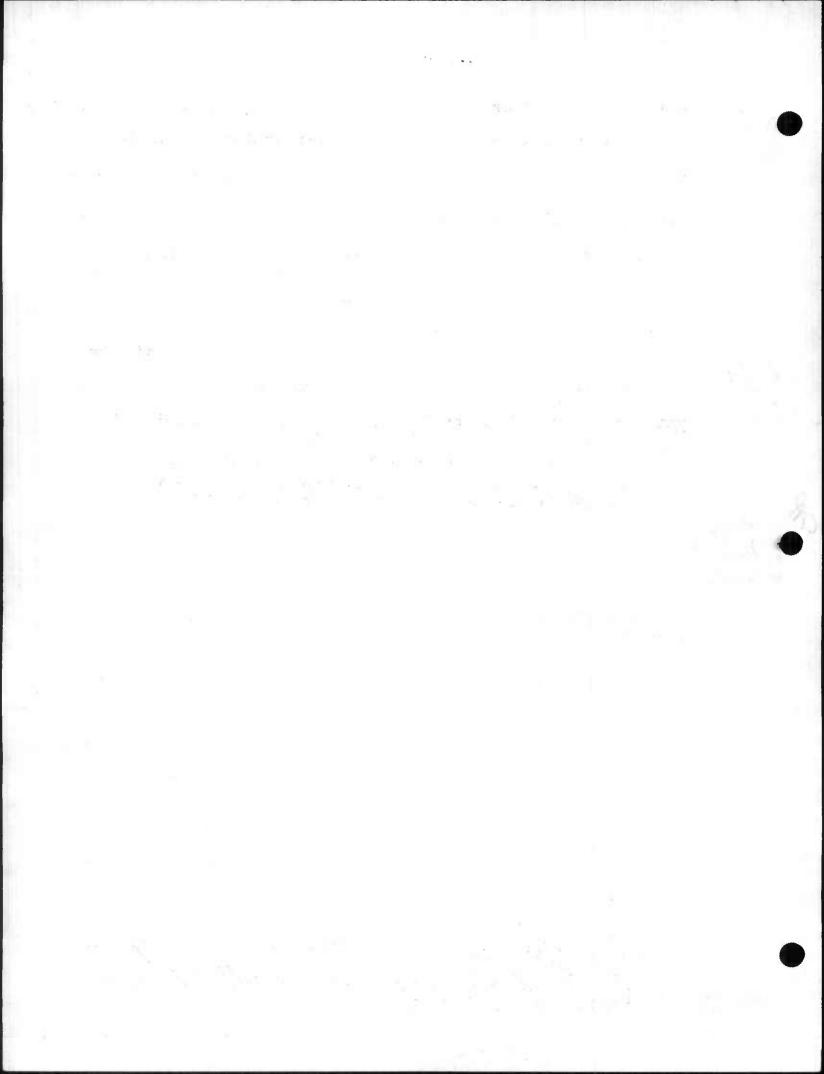
gy son, it make the superior to the second of the second o

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DHMH 16 Rev 6/95

State Registrar

BERTHA



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Year May 15 1997 Bessie V. Rawlings 4:20am 4e. Fecility Name (If not Institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth 30 Connelly Rd. Rising Sun Cecil If Under 1 Year | If Under 24 Hrs. | 8. Dale of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1[XM 2□ F Deys Yrs. 72 July 2 1924 Pennsylvania 10c. City, Town or Location t0d. Inside City Limits Cecil Rising Sun 1 ☐ Yes 2 ☑ No 10f. Zip Code 10g. Cilizen of What Country? 21911 USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: 1 ☐ Yes 2 No Specify: White 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done du life. DO NOT use retired) during most of working College (1-4or 5+) Home Homemaker 18. Mother's Name (First, Middle, Maiden Sumame) Laura Hershour

filed within 72 hours efter deeth with the Maryland 28a-f ö or items 23a Baltimore, Maryland 21215-0020 natural al Hygiene. permit. Peges 1 and 2 should be filt.
Department of Health end Mental Hy
Important: If Item 27 is marked oth
any Injury or other traumatic even

Physician

/Medicai

Examiner

Funeral

Director

show

the Medical Examiner must be notified at

Director

by

5. Social Security Number

202-16-5155

Usual Residence of Deceden

30 Connelly Rd.

1 ☐ Never Married 2 Married

3 ☐ Widowed 4 ☐ Divorcad

10e. Street and Number

11. Marijal Status

10b. County

10a. State

MD

Physician /Medical **Examiner**

ettending physician for use as the burie signed t hes certificate Be Certification: To this nours efter deeth.

neral Director: Af ector: To the Hospital of within 24 hours of To the Funeral D completely filled is

The law requires that the death certificete be executed

or Attending Physician:

Division of Vital Records, P.O. Box 68760.

Completed Elementery/Secondary (0-12) 12 17. Father's Neme (First, Middle, Last) Be Unknown 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Paul F. Rawlings 30 Connelly Rd. Rising Sun MD 21911 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ⊠ Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) West Nottingham Cmty May 18 1997 Colora MD 21. Signature of Funeral Service License 22. Name end Address of Fecility R. T. Foard Funeral Home, P.A. 111 Squeen St. Rising Sun MD 21911 mer the mode of dying, such as cardiec or respiratory errest, ichan 23a. Part1 Enter the disea Approximate interval Between Onset end Death Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or es e consequenca of): Physician/Medical that initiated events resulting in deeth) Last Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably þ 24b. Were autopsy findings available prior to Completed 24e. Was an autopsy performed? completion of cause of death? 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical examiner? 28. Place of Death (Check only one) Other: 4 Nursing Home 1 Tes 2 ☐ ER/Ouipetient 3 ☐ DOA 1 Inpalient Residence 6 Other (Specify) 27. Maprier of De 28d. Describe how injury occurred 28c. Injury at Work? 28a. Date of Injury (Month, Day Year) 28b. Time of 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicida 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Locailon (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1) Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) end manner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and little of certifier 29c. License number 29d. Deie signed (Month, Day, Year) 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

32. Registrar's Signature

wha Kavidson

81 E. Main St. Rising S

State Registrar

DHMH 16 Rev 6/95

31. Daie filed (Month, Day,

MAY 1 6 1997

nd var tara merca añ

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Data of Death

| 1 | pa | - | 0 | - |
|----|----|----|----|---|
| E. | 13 | 67 | 24 | 1 |
| ь. | | U | | U |

3. Time of Death

Carl L. Raymond 5:18pm 1997 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Golden Age Guest Home Svkesville Carroll If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthpiece (Stata or Foreign Country) **Funeral** Months Deys Min. Hours № M 2□ F Yrs 295-32-0625 58 Director June 26,1938 Ohio Usual Rasidance of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-1 show traumetic event, the Madical Examiner must be notified at 1 Yas 2 XNo Directo Maryland Carroll Eldersburg 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 23a or 6607 Monroe Avenue 21784 United States death Funeral 12. Was Decedant Ever In U,S. Armed Forcas? 13. Was Decadant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 'natural', or items 11. Merital Stetus 14. Reca - Amarican Indian, Black. White, etc. filed within 72 hours after Hygiene. other than "natural", or ite 1 ☐ Yas 2X No If Yas, Giva Yeer or Datas: 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify þ 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry College (1-4or 5+) Elemantary/Secondary (0-12) Chemist 1 and 2 should be filed w Health and Mental Hygier Iem 27 is marked other th Independent Contractor 17. Fether's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumama) Adell Schwarber Carl P. Raymond 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Route Number, City or Town, Stata, Zip Coda) permit. Peges 1 end 2 Department of Heelth e Important: if Item 27 is sny injury or other trau once. Patricia A. Raymond/Wife 6607 Monroe Avenue Eldersburg, Maryland 21784 20b. Piaca of Disposition (Nama of 20e. Mathod of Disposition 20c. Location - City or Town, Stata cematary, crematory or other place) 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State Balt-Washington Creamtory 5-13-97 Laurel, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funarel Sarvice Licenses 22. Nama and Address of Facility Harry H. Witzke Funeral Home, Inc. Locumer Stanley M. 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. **Physician** immediata Causa (Finei disaasa or condition rasulting in daeth) Schemic HEART DISEASE /Medical >54RS Examiner Dua to (or as a consequence of): Physician/Medical Examiner CEREBLO VASCULAX attending physicien and for use es the buriel-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disease or injury that initiated avants Dua to (or as a consequence of): > 54RS HYPOLTENSION Box 68760 Due to (or es e consaguança of) rasulting in death) Lest P.0. Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? he 2 1 Yee 2 No 3 Probably 4 Monknown Records, þ 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed hes 1 Yas 2 No certificate 1 ☐ Yes 2 PNo Division of Vital or Attanding Physician: 25. Wes casa rafarred to medical examiner?
1 Yas 2 No Be 26. Piaca of Death (Check only one) Hospitei: Other: 4 Nursing Home 5 Realdance 6 Other (Specify) Certification: To 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funerel 27. Manner of Death 28d. Dascribe how injury occurred 28a. Data of injury (Month, Day Year) 28b. Tima of injury 28c. injury at Work? Atter 5 Panding 1 24 hours efter deeth.

• Funeral Director: Att 1 ☐ Yas 2 ☐ No invastigation 2 Accident 6 Could not be detarmined 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 3 ☐ Suicida 28a. Place of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 4 Homicida To the Hospital o within 24 hours of To the Funeral Di 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and piece, and due to the ceuse(s) and mennar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and mennar as stated. Medicai 29a. Cartifiar completely (Check only one) 29b. Signature a 29c. Licansa number 29d. Data signed (Month, Day, Year)

State Registrar

14

31. Data filed (Month, Day, Year)

1. Decedant's Neme (First, Middla, Last)

Physician

30. Nama and address of person who complated cause of daath (Item 23e) (Type, Print)

PATRICK A TORNES (425 LIBERTY RD ELDERSBURG MD)

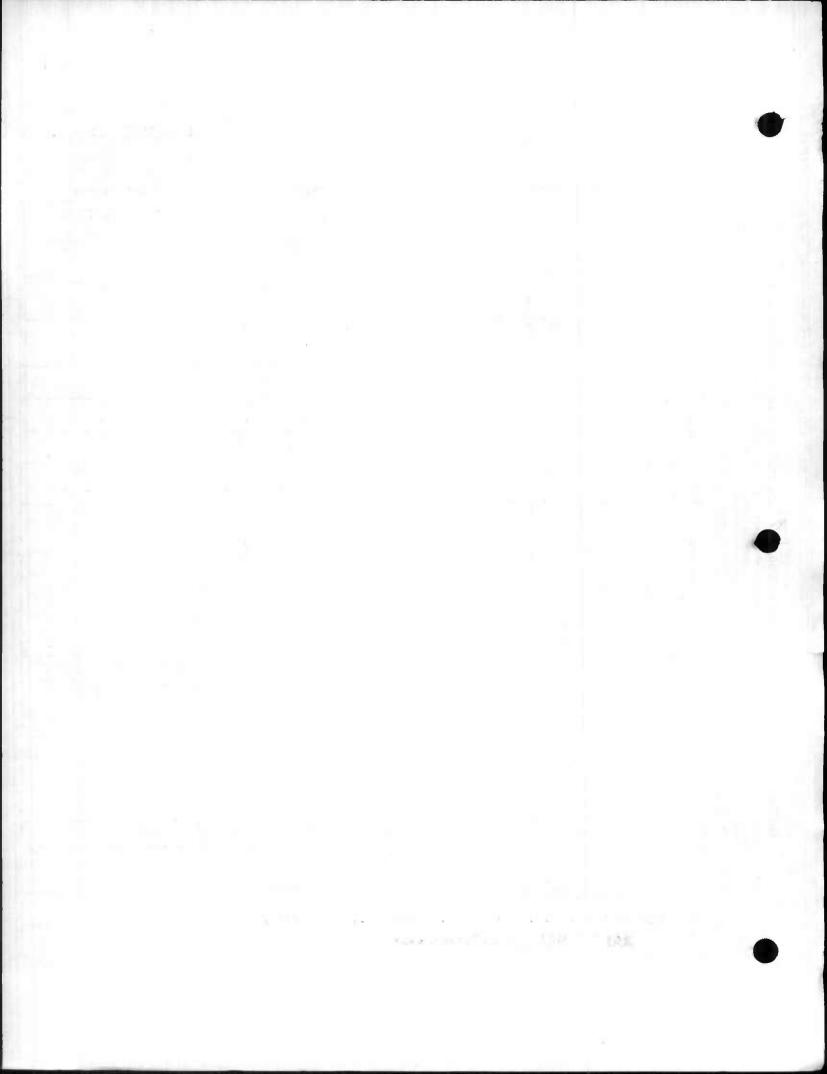
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REESMAN TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within chairs after death. Page 6 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. PHYSICIAN - WILLIAM DAVID BALTIMORE, MARYLAND 21215-0020 BY NAME KNOWN THE DIVISION OF VITAL RECORDS, P.O. BOX 68760,

| 1 - STATE REGISTRAR | STATE OF MARY | | MENT OF HI | | MENTAL HYGIEN | | |
|--|--|---|--|-------------------------------|---|-----------------------|--|
| 1. DECEDENT'S NAME (First, Middle, Les William David R | * | | | | 2. DATE OF DEATH MONTH D. MAY 16 | AV YEAR 5 1997 | 3. TIME OF DEATN |
| 4. SOCIAL SECURITY NUMBER 220-05-6796 | 1 🔯 M 2 🗆 F | 74 YRS. | F UNDER 1 YEAR HONTHS DAYS | F UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIRTH (Month, Day, Year) Feb. 5, 192 | a Bior | HPLACE (State or Foreign |
| 90. FACILITY NAME (II not institution, give DOFFMAN NURSING H | | | HAGERS' | LOCATION OF DE | ATH | 9c. COUNTY OF WASH | DEATH ENGTON |
| 10s. STATE 10b. COUNTY Maryland Washi | | | TOWN OR LOCATI | ON | | | 10d. INSIDE CITY LIMITS? 1X YES 2 NO |
| 10a. STREET AND NUMBER 342 Liberty Str | eet | | 101. | ZIP CODE 21740 | | 10g. CITIZEN OF USA | WHAT COUNTRY? |
| 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 1 2 YE IF YES, GIVE WAR OR | S 2 ND | If yes, spe | | IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) | Bia Spe | E — American Indian, ck, White, etc. city: white |
| 15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12) UNKROWN | College (1-4 or 5+) Unknown | | sual occupation with done during mos retired.) self- | -employe aker | d furni | siness/industry | |
| 17. FATHER'S NAME (First, Middle, Lest) Howard Reesman | | | | Gertru | de Griffit | h | |
| 19e. INFORMANT'S NAME (Type/Print) Beverly Blair | - niece | | | | doute Number, City or Tow.d., Clear | | M. 21722 |
| 20a. METHOD OF DISPOSITION 1 SE Burlel 2 Cremetion 3 Gree 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE | moval from State | Ob. PLACE AND DATE OF SUPPORT OF SUPPORT OF SUPPORT OF SUPPORT OF SUPPORT OF SUPPORT OF SUPPORT OF SUPPORT OF SUPPORT OF SUPPORT OF SUPPORT OF SUPPORT OF SUPPORT OF SUPPORT OF SUPPORT OF SUPPORT OF SUPPORT OF SUPPORT OF S | Union (| emetery Address of FA | 5-20-97 CHUTY MINNIC | H FUNERA | d, Penna. |
| 23. PART I. Enter the diseases, o shock, or heert feilign immediate and condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | a | aach line. | uchek | / | fisease | | Approximate interval Betwee Onset and Da |
| PART II. Other algoliticant condition of the second | one contributing to death Ulary Afficient | aises | se | cause given in | Part I. 24a. WAS AN PERFOR | RMED? | D. WERE AUTOPSY FINDING: AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | HOSPITAL: | | 26. PL | CE-OF DEATH (Ch | ock only one) | | |
| 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 1 Inpatient 2 ER/O | ripetient 3 DOA 28b. TIME | OF 28c. INJU | RY AT | 6 Other (Specify) 28d. DESCRIBE HOW I | NJURY OCCURED | |
| 3 Suicide a Could not b | 28e. PLACE OF INJUI | RY — At home, ferm, sti secify) | reet, factory, office | | 281. LOCATION (Street City or Town, Stete) | | Route Number, |
| | SICIAN: To the best of my known NER: On the basis of examinating | | | | | | (a) and manner es stated. |
| 296. SIGNATURE AND TITLE OF CERTIF | Chair | DEATH STEM 27 Garage | Delast | 29c. LICENSE NUI D3665 | | 29d. DATE SIGNE | O (Month, Day, Year) |
| | M.D. 1185 N | T. AETNA | | RSTOWN, | MD | | |



Physici /Medic Examin

Funeral Director

permit. Pages 1 end 2 should be filed within 72 hours efter deeth with the Meryland Department of Heelth end Mental Hyglene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other treumatic event, in Medical Experiment must be notified at once.

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificete be executed within 24 hours effer death.

To the Funeral Director: After this certificate hes been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the bunel-transit

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

| AN | | I / Department of Certificate of | Death | Reg. No | 0. | |
|--|---|--|--|--|---|--|
| 1. Decedant's Nama (First, Middle, Las | st) | and the second | 1 19-11 | 2. Data of Death | - 10 | 3. Tima of Death |
| Michael James I | Ryan | | | Month Da | 1997 | 0213AM |
| la. Facility Nama (If not institution, give | e street and number) | | 4b. City, Town, or L | ocation of Death 40 | c. County of De | eath |
| 10040 POPES CI | REEK ROAD | | FAULKNE | ER (| CHARLE | ES COUNTY |
| 053-74-8614 Usual Rasidance of Decedant | ØM 2□F 26 | Yrs. Months Days | | 8. Data of Birth (Month, Day, Year January | | Birthpiaca (Stata or Foreign Country) |
| Maryland Char | | Plata 10f. Zip Coda | | 100 0 | itizan of What | 10d. Insida City Limits 1 ☐ Yas 2 📉 No |
| | | | 20646 | 10g. 01 | U.S. | |
| Popes Creek Rd | 12. Was Dacedant Evar in U.S. | | | pecify Yas or No- | | A . marican Indian. |
| 1 Navar Married 2 Married | Armed Forcas? 1 ☐ Yas 2 ☑ No | . 13. Was Decedant of If Yas, specify Cut | | Rican, atc.) | Black, W | hita, atc. |
| 3 Widowed 4 Divorced | If Yas, Giva Yaar or Datas: | 1 ☐ Yas 2 ☐ No | Specify: | | Specify: | hite |
| 15. Decedant's Edi | ucation | 16a. Dacedant's Usual Occu | pation | 16b. H | Kind of Busina | |
| (Specify only highast grad | Collaga (1-4or 5+) | (Giva kind of work done lifa. DO NOT usa retire | ed) | an ig | | |
| 9 | | Roofer | | Cor | nstruc | tion Comp. |
| 7. Fathar's Nama (First, Middle, Last) | | | 18. Mothar's Nam | a (First, Middle, Maide | | |
| James Thomas Ry | yan | | Elizab | eth Rose | Grech | 1 |
| 19a. Informant's Name/Raiationship (T | ype, Print) | 19b. Malling Address (Strea | at end Number or Run | ral Routa Number, City | or Town, State | a, Zip Coda) |
| James Thomas Ry | | P.O. Box 2 | 423, LaF | lata, Mar | ryland | 20646 |
| Oa. Mathod of Disposition 1 A Burial 2 □ Cramation 3 □ I | | ca of Disposition (Nema of netery, crametory or othar pla | aca) Marr 20 | | ocation - City | or Town, Stata |
| 4 Donation 5 Other (Spacify, | | nity Memori | al Garde | , 1997 ens Wa | aldorf | , Maryland |
| 21. Signatura of Funarai Sarvice Licent | | 22. Nama and Addr | | | | |
| 23a. Part1. Enter the dispase, or como shock, or heart failure. List only o | M006 fications that can sed the death, the cause on such line. | WIIIIamS 68 4270 Haw Do not antar the mode of dy | Funeral thorne R Ing, such as cardiac | Home, P. Rd., India or respiratory arrast, | .A. an Hea | Approximete Interval Batween Onset and Death |
| 23a. Part i. Enter the displace, or competitors, or heart failure. List only of immediate Causa (Final disease or condition resulting in death) | a. Au | Williams 4270 Haw Do not antar the mode of dy Life Da as a consequence of): | Funeral thorne Ring, such as cardiac | Home, P Rd., India or respiratory arrast, | .A. an Hea | Approximate Interval Batween Onset and Death |
| Immediata Causa (Final disease or condition resulting in death) Sequentially list conditions, fany, leading to immediate | a. Dua to (or a | 68 4270 Haw Do not antar the mode of dy | Funeral thorne R lng, such as cardiac | Home, P. Rd., India or respiratory arrast, | .A. an Hea | Approximate Interval Batween Onset and Death |
| Immediata Causa (Final disaasa or condition resulting in death) Sequantially list conditions, fany, leading to immadiate acuse. Enter Undarfying Cause (Disaasa or injury hat initiated evants | a. Dua to (or a | Do not antar the mode of dy Lipie D as a consequence of): | Funeral thorne Ring, such as cardiac | . Home, P Rd., India or respiratory arrast, | .A. an Hea | Approximete Interval Batween Onset and Death |
| Immediata Causa (Final diseasa or condition resulting in death) Sequentially list conditions, fany, laading to immadiata cause. Enter Underlying Cause (Diseasa or injury | a. Dua to (or a | Do not antar the mode of dy | Funeral thorne Ring, such as cardiac | . Home, P Rd., India or respiratory arrast, | .A. an Hea | Approximate Interval Batween Onset and Death |
| Immediata Causa (Final disaasa or condition resulting in death) Sequantially list conditions, fany, leading to immadiate acuse. Enter Undarfying Cause (Disaasa or injury hat initiated evants | a. Dua to (or a | Do not antar the mode of dy Lipie D as a consequence of): | Funeral thorne Ring, such as cardiac | . Home, P Rd., India or respiratory arrast. | .A. an Hea | Approximete Inflarval Batween Onset and Death |
| Immediata Causa (Final disaasa or condition resulting in death) Sequantially list conditions, fany, leading to immadiate acuse. Enter Undarfying Cause (Disaasa or injury hat initiated evants | a. Dua to (or a b. Dua to (or a d. | Do not antar the mode of dy Life Da as a consequence of): as a consequence of): | thorne Ring, such as cardiac | Rd., India or respiratory arrast, | o usa contribo | uta to the cause of death |
| Immediata Causa (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury hat initiated events asulting in deeth) Last | a. Dua to (or a b. Dua to (or a d. | Do not antar the mode of dy Life Da as a consequence of): as a consequence of): | thorne Ring, such as cardiac | Rd., India or respiratory arrast, | o usa contribu | Approximete inlarval Batween Onset and Death Death Onset and D |
| mmediata Causa (Final disaasa or condition esulting in daath) Sequantially list conditions, fany, laading to immediata cause. Enter Undarthing cause (Disaasa or injury hat initiated evants asulting in deeth) Last | a. Dua to (or a b. Dua to (or a d. | Do not antar the mode of dy Life Da as a consequence of): as a consequence of): | thorne Ring, such as cardiac | 23b. Did tobacce 1 Yes : 24a. Was an autoperformed? | o usa contribu | uta to the cause of death Probably 4 Unknow b. Wara autopsy findings available prior to completion of causa |
| Immediata Causa (Final diseasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury hat initiated events as utilized in deeth) Last | a. Dua to (or a b. Dua to (or a d. | Do not antar the mode of dy Life Da as a consequence of): as a consequence of): | thorne Ring, such as cardiac | 23b. Did tobacce 1 Yes : 24a. Was an autoperformed? | o usa contribo No 3⊡ opsy 24 | b. Wara autopsy findings available prior to completion of causa of death? |
| Immediata Causa (Final disaasa or condition resulting in death) Sequentially list conditions, fany, leading to immediate ause. Enter Undarlying Cause (Disaasa or injury hat initiated evants asulting in deeth) Last Part II. Other significant conditions co | a. Dua to (or a b. Dua to (or a c. Dua to (or a d. Dua to hot rasulti | Do not antar the mode of dy Life Do as a consequence of): as a consequence of): as a consequence of): ing in the underlying cause gi | thorne Ring, such as cardiac | 23b. Did tobacce 1 Yes 24a. Wes an eutoperformed? | o use contribution 3 popsy 24 | b. Ware autopsy findings available prior to completion of cause of death? Yas 2 No |
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| Immediata Causa (Final diseasa or condition resulting in death) Sequentially list conditions, from the sequential of th | a. Dua to (or a b. Dua to (or a c. Dua to (or a d. Dua to (or | Do not antar the mode of dy Let Let Let Let Let Let Let Let Let Let | thorne Ring, such as cardiac ling, such as cardiac line. 26. Plece of Deet ther: 26. Plece of Deet ther: 27. Plece of Deet ther: 28. Plece of Deet ther: 29. Plece of Deet ther: 20. Plece of Deet ther: 20. Plece of Deet ther: 20. Plece of Deet ther: 21. Plece of Deet ther: 22. Plece of Deet ther: 23. Plece of Deet ther: 24. Plece of Deet ther: 25. Plece of Deet ther: 26. Plece of Deet ther: 27. Plece of Deet ther: 28. Plece of Deet ther: 29. Plece of | 23b. Dld tobacco | o use contribution in Head No 3 Dopsy 24 | b. Wara autopsy findings available prior to completion of cause of death? AYas 2 No Decify) AT SCEN |
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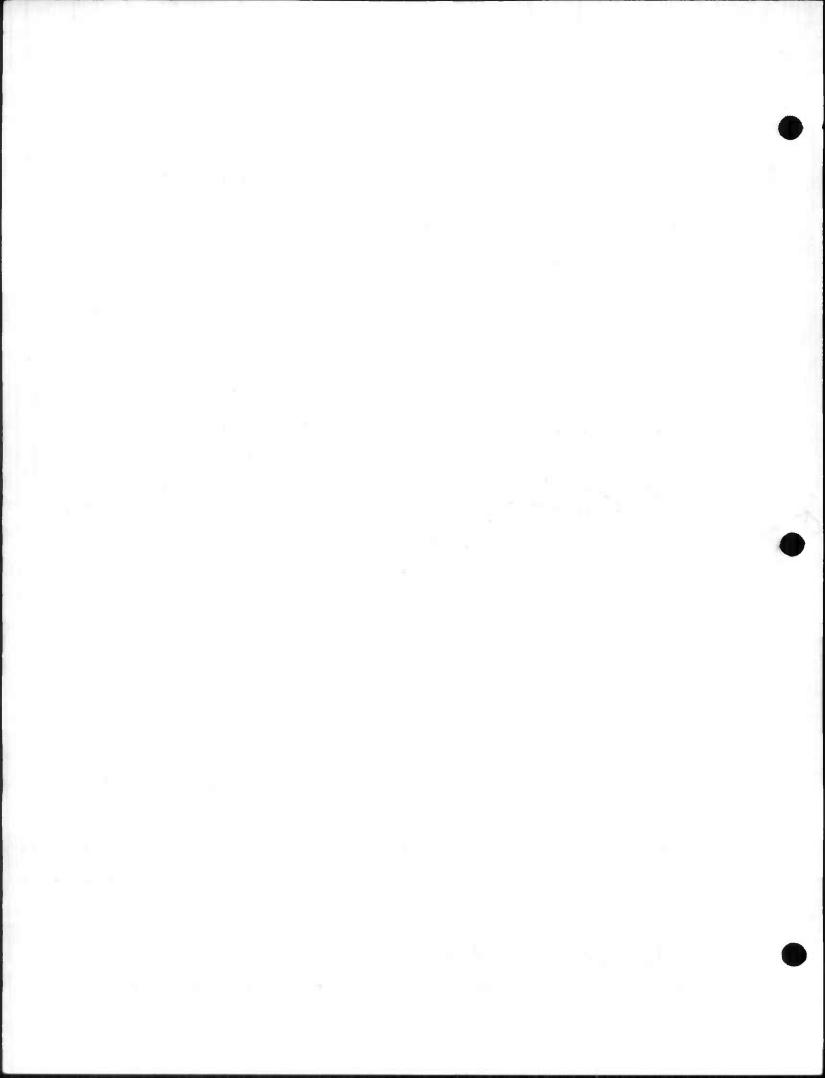
State Registrar 31. Data filad (Month, Day, Yaar)

MAY 2 1 1997

32. Registrar's Signatura

Alia Mudson Raydall

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 97

97 16589

| | | | | | | Ce | rtificate | of | Death | | | Reg. | No. | | | |
|--|-----------------------|---|---|---|---------------------------------------|------------------------|-------------------------------|----------------|--------------|-----------|---------------------------------|------------------|--------------------------|---------------|----------------------|----------------------|
| F | | 1. Decedant's Nan | na (First, Middle, | Last) | | 11-3 | | | | | 2. Data of De | ath | | .WYS | 3. Time | of Death |
| Physicia | | Rer | njamin | Frank1: | in Re | ppert | | | | | Month May 6 | | Oay Q7 | Yeer | 7 - / | 40 P.M |
| /Medic | | 4a. Facility Neme | | | | pperc | | | 4b. City. To | wn. or Lo | ocation of Deat | | | y of Death | / • • | +0 1 .11 |
| Examin | er | | | | | | | | | | | | | | | |
| | | 5. Sociei Security I | | Nursing | | a & factoria at | If Under 1 | Vear | Bethe | | 0 D-4(D) | | | gomer | | |
| Funeral | | | | . Sax 1 □XM 2 □ F | 7. Age (<i>in yrs. la</i> 96 | st birthday) Yrs. | | Days | Hours | Min. | 6. Dete of Bir (Month, De | | | 9. Birthp | iaca (Stai | e or Foreign |
| Director | | 577-07- | | | 90 | 113. | | | | | Oct. 7 | ,19 | 00 | West | Vir | ginia |
| D . | | Usual Rasidance of | 10b. County | | 10a City | Town or Lo | nation | | | | | | | | | 00.11.6 |
| r 28a-f show | _ | 104. 51616 | Too. County | | Too. City, | TOWN OF EC | Cation | | | | | | | 1 | | City Limits |
| M Par | 5 | Md. | Montgor | nery | Ch | evy C | hase | | | | | | | | UL Y | es 2 No |
| within 72 hours after deeth with the Maryland ens. Than "netural", or frems 23s or 28s-f show he Medical Examiner must be notified at | ire | 10a. Street end Nu | mbar | | | | 10f. Zip C | oda | | | | 10g. | Citizen of | What Cour | ntry? | |
| th wi | | 4902 De | Russey I | Parkway | | | 2081 | 5-5 | 5326 | | | | U.S | .A. | | |
| deet and | Funeral Director | 11. Maritel Status | | 12. Wes Dece | edant Evar in U,S | . 13. | | | | igin? (Sp | ecify Yes or No Rican, atc.) |) - | | ce - Amaric | | |
| fter dee | E | 1 Never Man | rled 2 🕱 Merried | Armed Fo | | 1 | | | an, Maxicai | n, Puerto | Rican, atc.) | | Bla | ick, Whita, | atc. | |
| irs af | þ | 3 Widowed | 4 Divorced | If Yas, Giv Year or D | va . | | 1 ☐ Yes 2 | ONE | Specify: | | | | Speci | y: wh | ite | |
| natural. | 8 | | 15. Decedent'a | | | 16a Dece | dant's Usual | Occur | nation | | | 18h | Kind of F | Businass/Inc | duetry | |
| - | Completed | | cify only highast g | grada complated) | | (Giva | kind of work DO NOT usa | dona | during mos | t of work | ing | | Tanio or E | 7001112001111 | Judity | |
| el Hyglena. I other than vant, the M | E | Elemantary/Sec | ondary (0-12) | Collega (1 | 1-4or 5+) | | orate | | | | | Ch | arle | s G. | Stoti | Co. |
| The Late 1 | ဝိ | 17. Fether's Neme | /Eiret Middle Lo | nt) | | COLP | | - | | ada Nam. | e (First, Middla | | | | 0000 | |
| Mentel arked of etic ava | Be | | Acces to the second | | | | | | | | | | | 1110) | | |
| nd Men marke | 2 | | C. Rep | | | | | | | - | ian Arn | | | | | |
| 0 0 0 | | 19a. Informent's N | ame/Ralationship | (Type, Print) | | 19b. Maili | ng Addrass (| Street | and Numb | er or Run | al Routa Numb | er, Cit | y or Town | , State, Zip | Code) | |
| Health em 27 I | | Mary H | I. Repper | rt/wife | | 4902 | De Ru | SSE | ey Pky | y., (| Chevy C | has | e, M | d. 20 | 815- | 5326 |
| of Health Item 27 r other tr | | 20a. Mathod of Dis | | | 0.00 | ne of Dispo | sition (Nama matory or oth | of er ple | ce) | | Date | 20c. | Location | - City or To | wn, Stete | 100 |
| Department of I Important: If ite any Injury or o once. | | | ☐ Cramation 3 5 ☐ Other (Spec | Removel from | State | | | | | | May 10 | 0.7 | Λ | linat | 07 1 | 7.0 |
| artm Inju | 1 | 21. Signature of P | | | COL | | 2. Nema and | | | | may 10 | , 7 / | AL | TIUEC | 011, | va. |
| Impo any Ir | | | | 1112 | | D | eVol F | une | eral l | Íome | | | | | | |
| | | -/_ | my | -, 000 | 4 | | | | | | .,N.W., | | hing | ton, | | |
| | | 23a. Part1 Enter i | ne disaase, or co int failura. List on | mplicetions that c ly ona causa on a | ausad tha daath. ach iina. | Do not ant | ar tha moda | of dylr | ng, such as | cardiac | or raapiratory a | rrest, | | | Approxim Intarval | nata Between |
| hysician | | _ | | | | | | | | | | | | i | Onset ar | nd Death |
| Medical | | Immedieta Causa diseasa or condition | on | Pneu | monia | | | | | | | | | 1 | 2 da | Ve |
| xaminer | | rasulting in daath) | | e. Thea | | as a consec | uance of): | | | | | | | | Z da | ys |
| - | Je | | | | | | | | | | | | | | | |
| physician end s the burlal-transit | Examiner | Sequentially list on | nditlane | b. ——— | Dua to (or a | as a consec | uance of): | | | | | | | | | |
| dal-tr | X | Sequentially list co if any, laading to ir causa. Entar Undo Ceuse (Disaasa or | nmadiate | | 544,5 (5.1 | | , | | | | | | | | | |
| Skie | Medicai | Ceuse (Disaasa or that initiated evant | Injury | c | Due to fee | | | | | | | | | | | |
| g th | 8 | that initiated evant rasulting in death) | Last | | Dua to (or a | as a conseq | uence ot): | | | | | | | - | | |
| iding physician end | 3 | | | d | | | | | | | | | | | | |
| for u | ä | | | | | | | | | | | | | | 544 | |
| been signed by the attending pt should be detached for use as t | Physician | Part II. Other signif | ficant conditions | contributing to de | eath but not result | ing in the u | ndarlying cau | se giv | en in Pert | | 23b. Did | tobac | co use c | ontribute to | the caus | e of death? |
| d by fetac | 4 | C | arahra1 | Arterios | claract- | | | | | | 10 | Yes | 2 □ No | 3 Prot | bably 4 | Unknown |
| De d | þ | | erenial. | UL CEL TOS | CTELOSIS | | | | | | | | | | | |
| een sign hould be | 2 | η. | inhoto- | Mo114+ | | | | | | | 24a. Was | an au | topsy | avi | ailabla pri | ry findinga or to |
| 10 CA | Completed | | iabetes | HETTICUS | | | | | | | | | | CO | mpletion o | of cause |
| a has | E | 77 | | d | | | | | | | 10 | Var | 2 X No | | Yas 2 | □ No |
| | | 25. Was case refar | ypertens | ion | | | | | 00.71 | -45 | | - | ₹ 1¥140 | 1 1 1 | _ 145 Z | - 140 |
| rect | Be | axaminar? | | Hospital: | | | | Oth | lar. | | h (Check only | | | | | |
| E = | 2 | 1 ☐ Yes 2 ₹☐ 27. Mannar of Deat | | 101 | npatient 2 E | | | | 4 EST INT | - 1 | me 5 Resi | | | | y) | |
| h. After thi funeral | 6 | 1 DNatural | 5 Panding | | th, Day Year) | 28b. Tima of Injury | | . tnjur Wor | | | 28d. Dascribe | now ii | ijury occu | 1100 | | |
| efter death. Director: After I in by the fune | cat | 2 ☐ Accident 3 ☐ Sulcide | invastigati 6 ☐ Could not | | | | М | 1 | Yas 2 | No | | | | | | |
| rect Dy | = | 4 Homicida | datamine | d 28a. Place | of Injury - At homing, atc. (Specify) | na, farm, str | eet, fectory, o | office | | | 26f. Location (City or To | Street wn, St | en <i>d Nu</i> m ata) | ber or Rura | I Routa N | umber, |
| within 24 hours effer deati To the Funeral Olrector: completely filled in by the | edicai Certification: | | | | | | | | | | | | | | | |
| non In fill | <u>a</u> | 29a. Certifier (Check only | | hysician: To tha | | | | | | | | | | | | 4. |
| within 24 hours efter death To the Funeral Director: completely filled in by the | ğ | one) | 2 Madical Ex | aminer: On the be and mann | asis of axaminationar atatad. | n end/or in | vestigetion, ir | nmy o | pinlon, das | th occurr | ed et tha time, | date | ind place | , and dua to | tha caus | e(a) |
| S T T | ž | 29b. Signation and | title of certifier | V | 1 7 | / | 29c. l | lcens | a number | | | 29d. | Data sign | ed (Month, | Day, Year |) |
| 12 | | 1 | Aku | 1, > | mas | 207/ | (1) | | | | | | May | 8,19 | 97 | |
| | 1 | 00 11 | | | () | | - | D1. | 5049 | | | | | -,27 | - 1 | |
| | | 30. Name and addr | | | | | | | <i>C</i> 1- | | Chass | LM | #10 | 25 | 2001 | 5 |
| | | | | son, M.D | | | | ve | ., Un | evy | onase, | Drı | # I C | 23, | 2081 | J |
| Stat | | 31. Data filed (Mon | | 1997 32. R | egistrar's Signatu | doon-A | andelle | | | | | | | | | |
| Registra | ir | | MAY 15 | INVIII | | | | | | | | | | | | |

| Please | Type or Pri | | | | | | | _ | ble. | |
|---|----------------------------------|---|---|-----------------|--------------------------------|------------------|---|--|--------------------|-------------------------------------|
| | State of M | aryland / | | tment of | | | Mental Hyg | giene 9 | 7 | 16590 |
| Decedent's Nema (First, Middla, La | iet) | | Certi | iicale 0 | Deau | , | T | leg. No. | | 2. Time of Death |
| | | | | | | | 2. Deta of Dea Month | Dey | Yeer | 3. Time of Deeth |
| Vilma S. R | | 4b. City, Town, or Lo | | | May 11, 1997 | | | 4:50 AM | | |
| 4e. Fecility Neme (If not institution, given | and the second second | | | | 4b. City, I | own, or L | ocation of Deeth | 4c. County | of Deeth | |
| 10713 St. Paul 5. Sociel Security Number 6. S | | | | if Under 1 Yes | Kensi | | | Mont | gome | ry |
| | 1 M 2√2 F | ge (In yrs. lest I | | Months Dey | | Min. | 8. Date of Birth (Month, Dey Oct. 28, | , Year) | 9. Birthp Coun | |
| 10a. State 10b. County | | 10c. City, To | wn or Local | tion | | | | | 11 | Od. Inside City Limits |
| | | | | | | | | | 1 Yes 2 No | |
| Maryland Montgomery | | | Kensington | | | | | | | |
| 10e. Street and Number | | | | 10f. Zip Code | | | 1 | log. Citizan of \ | Whet Coun | try? |
| 10713 St. Paul St: | reet | | | | 20895 | | | U.S.A. | | |
| 11. Maritel Stetus | Ever in U,S. | J,S. 13. Was Decedent of Hispenic Origin? (If Yas, specify Cuban, Maxican, Puar | | | rigin? (Sp | ecity Yes or No- | | | - Amarican Indian, | |
| 1 ☐ Never Married 2 ☑ Merried | No | | 1 Yes 2√2 No Specify: | | | | | Black, White, etc. | | |
| 3 ☐ Widowed 4 ☐ Divorced | if Yes, Give Year or Detes: | | 1 | 1105 2,2114 | о эрвспу | | | Specify | Whi | te |
| 15. Dacadent's Education (Specify only highest grede completed) | | | 16e. Decedant's Usual Occupetion (Give kind of work dona during most of work) | | | | ina | 16b. Kind of Businass/Industry | | |
| Elamantary/Secondary (0-12) | Collaga (1-4or | 5+) | life. DO NOT use retired) | | | | 9 | | | |
| 12 | | | stome | er Serv | rice C | lerk | | Retail | | |
| 7. Fathar's Name (First, Middla, Last, |) | | | | 18. Moth | er's Nam | e (First, Middle, i | Ma <i>id</i> an Sumen | 10) | |
| Morris Smith | | | | | Lo | raine | Bull | ook | | |
| 19a. Informent's Name/Ralationship (| Type, Print) | 19 | b. Mailing | Address (Stre | | | al Route Number | | Stete, Zip | Code) |
| Norton H. Rhodes | | 10 | 1713 | t Day | 1 C++ | oot | Kensing | ton Mon | 1 | 20005 |
| 20a. Method of Disposition | | 20b. Place | of Dispositi | on (Neme of | | eet | | 20c. Location - | | |
| 1 ☑ Burial 2 ☐ Cramation 3 ☐ | | | | tory or other p | | | | | | |
| 4 Donetion 5 Other (Spacif | · | George | Wash | ingtor | Ceme | tery | 5/14/97 | Adelph | i,Man | yland |
| 21. Signeture of Funerel Service Lice | 2000 | | Erar | ama and Add | Coll 1 | ity fnc 1 | Funeral | Homo T | no | |
| Ollow (| rond | | | | | | | | | and 20901 |
| 23a. Pert1. Entar the diseese, or com shock, or heert feilura. List only | plications thet cause | d tha death. Do | not enter t | the moda of d | ying, such e | s cardiac | or respiretory err | est, | aryte | Approximate |
| onoon, or moon tonora. Elst ony | 010 00030 011 00011 | 110. | | | | | | | | Intervel Between Onset end Death |
| mmediete Ceuse (Finel | 0 | D * | 0 1 | | | | | | | N.TEM |
| diseese or condition asulting in daeth) | e. Organic | organic Brain Syndrome Dua to (or es e consequenca of): | | | | | | | | years |
| | | | | | | | | | i | |
| | b. Alzheim | | | 2 | | | | | | |
| Sequentially list conditions, feny, laading to immediate | Dua to (or es e consequance of): | | | | | | | | | |
| cause. Enter Underlying Cause (Diseese or Injury | C | | | | | | | | į | |
| hat initieted events resulting in daeth) Lest | Due to (or es e consequance of): | | | | | | | | | |
| | d | | | | | | | | | |
| | J | | | | | | | | | |
| art II. Other significent conditions of | ontributing to death b | ut not resulting | in the unda | rlying cause | given in Pert | l. | 23b. Did to | bacco use co | ntribute to | the cause of death' |
| 77 | | | | | | | 1 🗆 Y | es 2½ No | 3 Prob | ably 4 Unknow |
| Hypertension | | | | | | | | | | |
| W 1. I 1 0 1 1 | _ | | | | 24a. Wes en eutopsy performed? | | | 24b. Were autopsy findings aveileble prior to completion of cause of death? | | |
| Multiple Cerebral | Infarc | irct | | | | | cor | | | |
| | | | | | | | | | | |
| | | | | | | | 1 🗆 Yı | as 2X No | 1 | Yas 2 No |
| 25. Was case refarred to medical axaminar? | Hoenitel | | | | | e of Deet | h (Check only on | 19) | | |
| 1 ☐ Yes 2 🕅 No | Hospitel: 1 Inpatie | - | | 3L DON | | ursing Ho | me 5 🖸 Reside | anca 6 □Oth | er (Specify |) |
| 27. Mannar of Death | 28a. Date of Inju | ry 28h | Time of | 28c. In | ium ot | | 28d. Describe he | ow injury occur | rod | |

Physician /Medical **Examiner**

permit. Pagas 1 and 2 should be filed within 72 hours efter death with the Manyland Depertment of Health and Mental Hygiene.
Depertment of Health and Mental Hygiene.
Important: If Item 27 is marked other than "natural", or items 23a or 28a-f ahow any injury or other traumatic event, me Mental Examples regimed at

Baltimore, Maryland 21215-0020

Physician

/Medical

Examiner

Director

Funerai

Be Completed by

To

Funeral Director

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician end

To completely filled in by its tunneral director, page 2 should be deteched for use as the burial-transit

Physician/Medicai Examiner

Be Completed by

Certification: To

Medical

State

1 Yes 2 27. Mannar of Death 28a. Date of Injury (Month, Dey Year) 1 2 Natural 5 Pending investigation 2 Accidant 3 Suicida

6 Could not be determined

28a. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

29c. Licansa number

28f. Location (Straat end Number or Rurel Route Number, City or Town, State)

Certifying Physician: To the bast of my knowledge, deeth occurred et the tima, data end pleca, end dua to tha causa(s) and mannar as steted.

2 Medical Examiner: On the basts of examinetion end/or investigetion, in my opinion, death occurred et the time, dete end plece, end due to the cause(s) and manner steted.

29b. Signature and title of cartifier

4 Homicida

(Check only one)

29a. Certifier

NO D 09577

Injury

29d. Data signed (Month, Day, Yeer) May 12, 1997

30. Nema and address of person who complated causa of daeth (Itam 23a) (Type, Print)

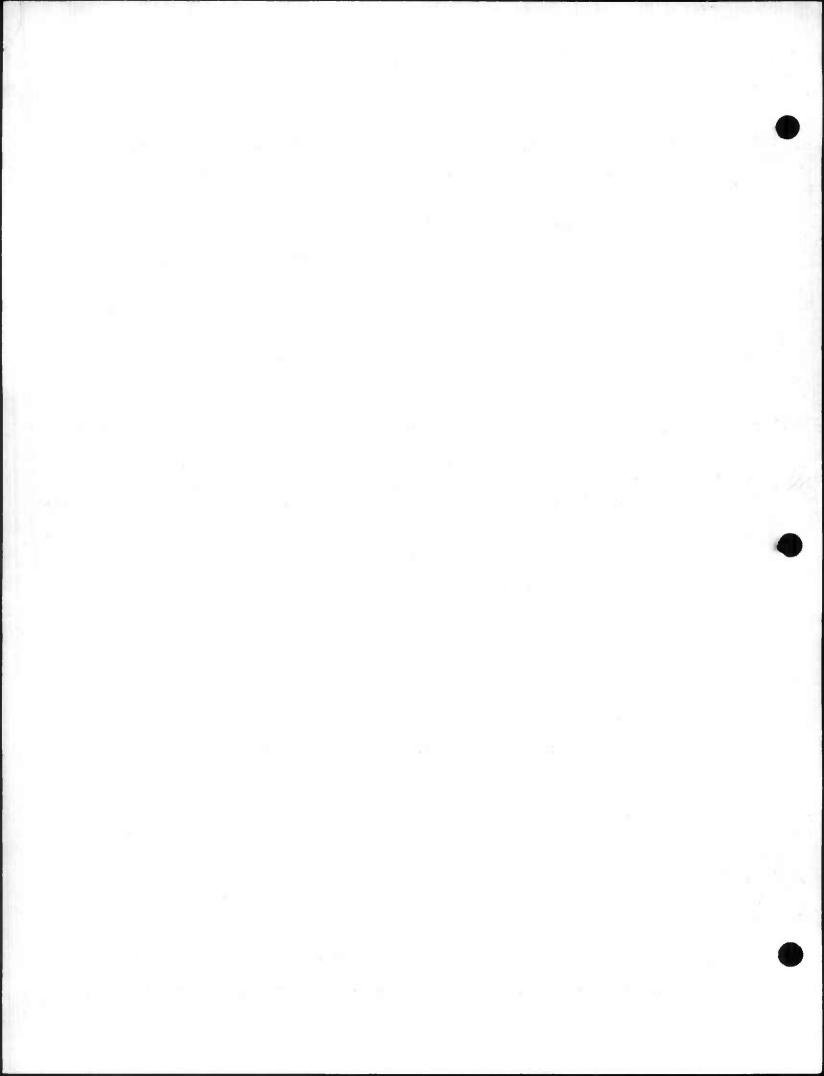
Richard Pollen, M.D.
31. Dete filed (Mooth, Pay, Tear) 1997

10400 Connecticut Avenue #606 Kensington, Maryland 20895

DHMH 16 Rev 6/95

Division of Vital Records, P.O. Box 68760,

Registrar



State of Maryland / Department of Health and Mental Hygiene 97 16591

| | .— | Decedent's Neme (First, Middle, La | ast) | | | | | | | 2. Dete of De | | | 3. Tim | e of Deeth |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Physic | | Beulah Faye Has | h Roon | | | | | | | Month M A | 9 Day | 1497 | 3: | 37 P. |
| /Medi Exami | | 4e. Fecility Neme (If not institution, give | ve street and nu | m <i>ber</i>) | | | | 4b. City, To | wn, or Lo | cation of Deal | | nty of Deeth | | |
| Exami | iei | | | | | | | | | | | ny or bookin | | |
| | | Holy Cross Hosp 5. Sociel Security Number 6. S | Sex | 7 Ann //n | a lant hintholous | If I Inde | er 1 Year | Silve | r Spi | ring 8. Dete of Bi | Mon | tgomen | У | |
| Funeral | | | 1□M 2√2F | 7. Age (In yr. | s. last birthday) Yrs. | Months | | Hours | Min. | (Month, D | rtn e <i>y, Year)</i> | 9. Birth | plece (Ste ntry) | te or Fore |
| Director | | 578-54-6446 | Α. | . 82 | 113. | | | | | June 1 | 1, 191 | 4 Virg | inia | |
| * | | Usual Residence of Decedent 10a. State 10b. County | | 100.0 | city, Town or Lo | ocation | | | | | | | 10d laste | 01.11 |
| show | 1 | 100.000, | | 100. 0 | nty, Tomit of E | OGRIGIT | | | | | | | | e City Lim |
| 19 | ctc | Maryland Montgom | ery | | Rocky | ville. | | | | | | | 1X | res 2□ |
| or 2 | Director | 10e. Street end Number | | | | 10f. Zi | p Code | | | | 10g. Citizen o | of Whet Cou | ntry? | |
| natural', or items 23a or 28a-f show | | 13623 Grenoble D | rivo | | | | 200 | 5.2 | | | II C A | | | |
| 25 | Funeral | 11. Maritel Status | 12. Wes Dec | edent Ever in | U,S. 13. | Was Dece | 208 edent of l | Hispanic Or | lgin? (Spe | ecify Yes or Ne Rican, etc.) | U.S.A 0- 14. R | aca - Ameri | cen Indier | n, |
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| - 3 | by | 3€ Widowed 4 Divorced | If Yes, Gir Yeer or D | | | 1 Yes | 2 No | Specify: | | | Spec | | | |
| "natural", | | 15. Decedent's E | ducation | | 16e. Dece | dent's Usi | iel Occur | netion | | | 16b. Kind of | Whi | | |
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| la de | Be | other a reeme (First, Milduie, Last | / | | | | | 16. MOTH | 9 14 9M 6 | (rirst, Middle | , Meiden Sum | eine) | | |
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| TO CH L | | Joyce A. Moore | | | 13623 | Grei | nob1 | e Driv | ze R | lockvi1 | le, Mai | rvland | 20 | 253 |
| of Haal fitem 2 rr other | | 20e. Method of Disposition | | | Plece of Disponentery, cres | osition (<i>I</i> Va | m <i>e</i> or | | | Dete | 20c. Location | n - City or To | own, Stete | 3 |
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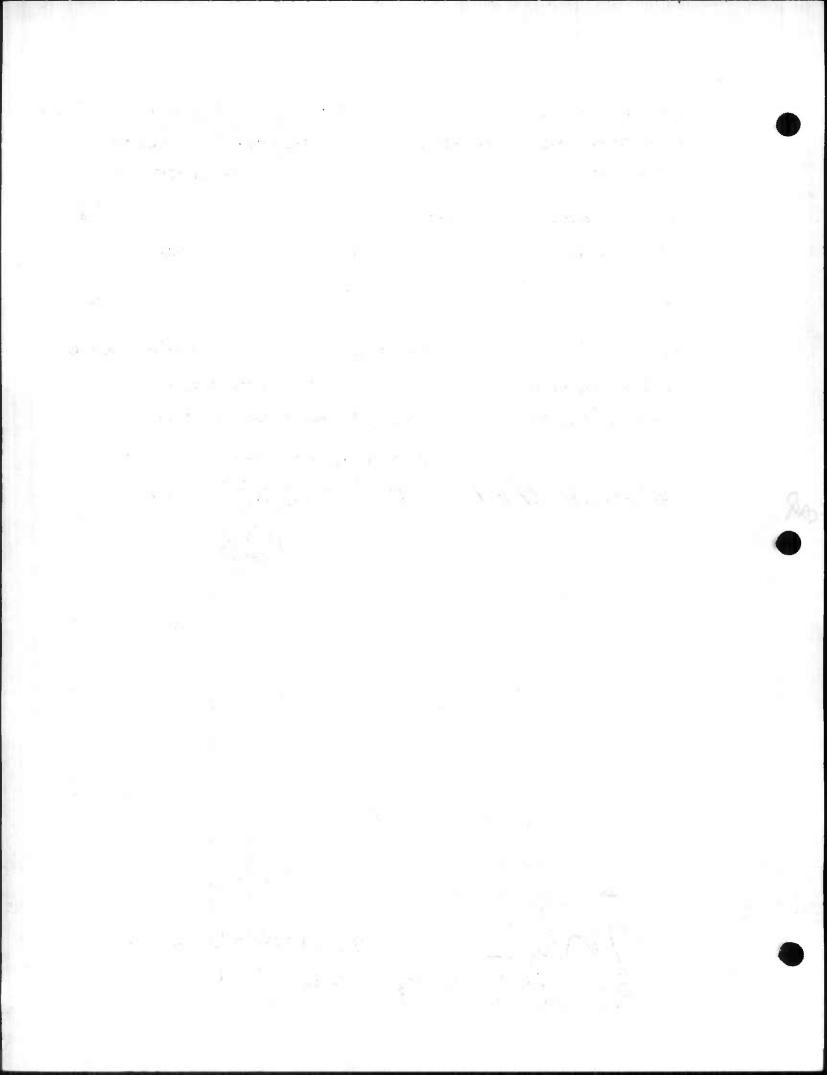
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| | | | 1. Decedent's Neme (First, Middle | Last) | | | | 6.5 | | | 2. Dete of De | eth | | | 3. Time | of Death |
| | Physic | | HENRY | CHARLES | | SAMT | DERS | | | | Month MAY | 20 | 199 | /eer 7 | 10- | 05 DM |
| | /Medi | | 4e. Facility Neme (If not Institution, | | | DHM | מאמנ | | 4b. City. To | wn, or Lo | cation of Deeth | - | County of | | 10: | 05 PM |
| 2. | Exami | ier | NATIONAL NAV | A STATE OF THE STA | משישואים | | | | | | | | | | | |
| - | | | | | e (In yrs. last b | irthday) | If Under | r 1 Yeer | | DE I II 24 Hrs. | ESDA | h | | NTGOI | | |
| | Funeral Director | | | 10XM 2□F | | Yrs. | Months | Deys | Hours | Min. | (Month, De | | | | | te or Foreign |
| | Director | | 224-52-6353 Usuel Residence of Decedent | | 83 | _ | | | | | July 15 | , 19 | 13 | Penn | sylv | ania |
| | and w | | 10a. State 10b. County | | 10c. City, Tov | vn or Lo | cation | | | | | | _ | 100 | d. Inside | City Limits |
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| | 289 In | Director | 10e. Street and Number | | | | 10f. Zip | Code | | | | 10a Citia | on of 147h | nt Countr | | - 1 |
| | \$ 6 g | | | | | | | | | | | 10g. Citize | OII OI TTII | at Countr | ry r | |
| | ath 234 | ra | 4130 Elizabeth | | | | | 2032 | | | | | SA | | | |
| | d within 72 hours after death with the Maryland Jiene. The Medical Examinet must be incitted at The Medical Examinet must be incitted at | Funerai | 11. Meritel Stetus | 12. Was Decedent I Armed Forces? | | 13. | Was Deced If Yes, spec | dent of I- cify Cub | fispanic Ori an, Mexicar | gin? (Spe n, Puerto | ecify Yes or No Rican, etc.) | - 14 | | American White, et | | |
| 2000 | afte afte | | 1 Never Merried 2 Merrie | If Yes, Give | lo | | 1 ☐ Yes | 25 No | Specify: | | | S | Specify: | Whi | + 0 | |
| | I E | d by | 3 □ Widowed 4 ☑ Divorced | Year or Detes: | | | | Λ. | | | | | ,,,,,, | WIII | Le | |
| | 72 h | Completed | 15. Decedent's | Education grede completed) | 166 | . Deced | dent's Usua kind of wo | ei Occup | oation during mos. d) | t of worki | ina | 16b. Kind | d of Busi | ness/Indu | ustry | |
| | filed within Hygiene. ther than " ent, the Me | du | Elementery/Secondary (0-12) | Coilege (1-4or 5 | +) | life. I | DO NOT u | se retire | d) | | | | | | | |
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| | al Hygie | Be | 17. Fether's Neme (First, Middle, L | ast) | | | | | 18. Mothe | er's Name | First, Middle, | Meiden S | Sumeme) | | | |
| | Mental I Merked of artic eve | 2 | Thomas Smiet | anouski | | | | | Ev | a Ne | jman | | | | | |
| | 5 P E E | | 19a. Informent's Neme/Relationsh | p (Type, Print) | 19 | b. Maliir | ng Address | s (Street | | | al Route Numbe | er, City or | Town, St | tete, Zip C | Code) | |
| | | | John D. Wors | ham | | 413 | 30 E1 | izab | eth L | ane. | Fairfa | x. V | A 22 | 032 | | |
| | f Healt fram 27 other | | 20e. Method of Disposition | | 20b. Place | of Dispo | sition (Ner | me of | | | Dete | | | ity or Tow | vn, Stete | |
| | S H S | | 1 Buriel 2 Cremetion | | | | netory or o | | | i | 4 | | | | | |
| | permit. Pagas 1 an Department of Heal Important: If Itam 2 any injury or other other. | | 4 Donation 5 Other (Sp. | | Mount | Con | nfort | Cre | mator | y 5 | /24/97 | Ale | xand | ria_ | Vir | ginia |
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| | 002 e 0 | | lom | 12014 | | | | | | | , Dunn | | no. | VΔ 2 | 2027 | |
| | | | 23e. Part1. Enter the diseese, or o shock, or heart fallure. List of | omplications that caused | the death. Do | not ent | er the mod | de of dyle | ng, such es | cardiac o | or respiretory e | rrest, | -0, | | Approxin | nete |
| F | hysician | | | , | | | | | | | | | | 1 | Onset ar | nd Deeth |
| | /Medical | | Immediate Cause (Final disease or condition | DNEI | MONIA | | | | | | | | | | 1 | |
| ı | Examiner | | resulting in deeth) | 9. | | | | | | | | | | | day | S |
| | | ē | | | Due to (or as e | consec | (uence or): | | | | | | | | | |
| | nnsit | Examiner | | b | | | 1 1 | | | | | | | | | |
| | al-tra | Xa | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury | | Due to (or es e | consec | uenca or): | | | | | | | | | |
| 3 | entificate be executed ling physician and a as the buriel-transit | | Cause. Enter Underlying Cause (Disease or injury thet initiated events | c | | | | | | | | | | | | |
| | saun centricata b attending physical afor usa as the b | edicai | resulting in deeth) Lest | ' | Due to (or es e | conseq | uence of): | | | | | | | İ | | |
| | 5 0 6 | 3 | | d. | | | | | | | | | | į | | |
| | mat the death cer ed by the attendir detached for usa | Physician | | - | | | | | | | | | | | | |
| | the a | sic | Pert II. Other significant condition | s contributing to death bu | it not resulting | in the u | ndertying c | ause giv | en in Pert i | | 23b. Dld 1 | tobacco u | se contr | ibute to t | the caus | e of death? |
| | mat ma sed by th detache | Ph | | | | | | | | | 10 | Yes 2 | No 3 | ☐ Probe | ably 4 | Unknow |
| | 8 8 8 | by | | | | | | | | | | | | | | |
| | = 07 70 | | | | | | | | | | 24a. Wes | en eutops | y | 24b. Were | e eutops ilebie pri | sy findings or to |
| | | jet | | | | | | | | | parro | TITIOG T | | com | pletion o | of cause |
| | ata has t | Completed | | | | | | | | | 400 | res 2X | 181- | | | |
| · | | | 07 141 | | | | | | | | 10 | | NO | יוו | Yes 2 | 2□ No |
| - | rnysician: this cartific ral director, | Be | 25. Was case referred to medical examiner? | Hospitel: X | | | | Ott | | of Deeth | (Check only o | ne) | | | | |
| | G 50 | မ | 1 ☐ Yes 2 ☐ No | 1 Li inpatie | | | | JA | | | me 5 Resid | | | |) | |
| | thar than | on | 27. Manner of Deeth 1 ☐ Neturei 5 ☐ Pending | 28e. Dete of Injur (Month, De) | | Time of injury | | 28c. injui Wo | | | 28d. Describe I | now Injury | occurred | 1 | | |
| | Attending Phist death. Control After the by the funeral | ati | 2 ☐ Accident Investige | | | | М | 1 🗆 | Yes 2 | No | | | | | | |
| | after d Direct | ti ti | 3 ☐ Suicide 6 ☐ Could no 4 ☐ Homicide determin | | ry - At home, f | erm, str | eet, fectory | y, office | | | 28f. Location (S City or Tox | | Number | or Rural I | Route N | lumber, |
| | To the nospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune | Certification: | | | .,-,,, | | | | | | | | | | | |
| 1 | y fill | | | Physician: To the best of | | | | | | | | | | | | |
| | vithin 24 hours a Vithin 24 hours a To the Funeral C completely filled | edicai | (Check only 2 Medical E | caminer: On the basis of end menner ste | examinetion ar ted. | nd/or inv | estigetion, | , In my c | pinion, dee | th occurr | ed et the time, | dete end p | piace, and | d due to t | the caus | e(s) |
| 4 | on the | M | 29b. Signeture end title of certifier | | - | | 290 | c. Licens | e number | | | 29d. Dete | signed (| Month, De | ey, Year | 7) |
| - | - > 1- 0 | | M. Also | | | | | D- | 51503 | | | 21 | Mi. | 97 | | |
| | | | - James J | no me | | | | - ע | 71703 | | | d | 11/44 | 71+ | | |
| | | | 30. Neme end eddress of person w | | | (Туре, | Print) | | NATIO | NAL | NAVAL M | EDTC | AL C | ENTE | R | |
| | | | DAVID L. BLA | | | | | | | | MD 208 | | | | | |
| | Sta | | 31. Dete filed (Month, Day, Yeer) | 2. Registra | r's Signetura | - | | | | | | | | | | |
| | Registr | ar | MAY 27 199/ | Juna James | Man- Hang | 432 | | | | | | | | | | |

State of Maryland / Department of Health and Mental Hygiene

| | | | | | | | , | | - | | Death | Workar Tr | Reg. N | 9 | 7 | 16593 |
|--|---|--------------------|--|-----------------------|---|-----------------------------------|------------|----------------------------|---|-------------------------------------|---|---------------------------------------|------------------|------------------------------|----------------------|---|
| F | Physici /Medi | | Decedent's Neme (First, Memory) Frank B. Sam | ple, | Jr. | | | | | Sa | mple | 2. Dete of D Month | 4 1 | 199 | 7 | 3. Time of Death 1732 |
| | Examir | ner | 4e. Fecility Neme (If not instituted PENINSULA RE) 5. Sociel Security Number | GION | | CAL | CENT | | day) If Ur | nder 1 Year | 4b. City, Town, o | BURY | | C. County of I | ICO | Chate as Familia |
| Di | uneral rector | | 221-05-6598 Usuel Residence of Deceder | | 1 X M 2□ F | 79 | | Yı | Mont | | | | 6y, Year 5, 1 | 917 N | Countr V. C. | ece (Stete or Foreign ry) |
| Manyland | a-f show | tor | 10a. State 10b. Co | unty SSEX | | | | Town o | or Location | | | | | | 100 | d. Inside City Limits 1 Yes 2 No |
| th with the | 23a or 28 | ai Director | 10e. Street end Number 205 N. 8th S | t. | | | | | | Zip Code 9940 | | | _ | itizen of Whe | t Countr | y? |
| YIANG 21215-0020 uld be filed within 72 hours after death with the Maryland Mantal Hygiene. | Important: if Itam 27 is marked other than "natural; or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once. | by Funeral | 11. Marital Status 1 Never Married 2 3 Widowed 4 Divo | | 12. Wes Dec Armed F 1 X Yes If Yes, G Yeer or I | orces? 2 N | | 5. | | ecedent of specify Cub s 2 No | Hispenic Origin? (pan, Mexican, Pue Specify: | Specify Yes or N irto Rican, etc.) | 0- | 14. Race - Bleck, \ Specify: | America White, et | tc. |
| Maryland 21215-0020 d 2 should be filed within 72 hours aft th and Mantal Hygiena. | the Medical | Completed | 15. Dece (Specify only hi Elementary/Secondery (0- 1 2 | ghest gre | ducation ade completed, College | | +) | (0 | ecedent's l Give kind of ife. DO NO | work done Tuse retire | petion during most of w ed) | orking | | Kind of Busin | | |
| d be filed antal Hyg | c event, | Be | 17. Fether's Neme (First, Mid Frank B. San | | , | | | | | | | ame (First, Middle | | , | | |
| Maryla | 27 is mari r traumati | To | 19e. Informent's Name/Relet Jay Green, S | ionship (| Type, Print) | | | | | | tend Number or F Ave. Deli | Rural Route Numi | ber, City | or Town, Ste | ote, Zip C | >ode) |
| Baltimore, M Demit. Pages 1 and 2 Department of Haalth | int: If Itam 2 iry or other | | 20e. Method of Disposition 1 X Burial 2 Cremet 4 Donetion 5 Othe | on 3 E | Removal from | Stete | | | ephens | | | Date 5-10 | | ocation - City | | n, Stete |
| Demit. P | any inju | | 21. Signeture of Funeral Sen | rice Licer | nsee | _/ | | | Short | Fune | eral Home | | e. 1 | 9940 | | |
| | sician edical niner | ler | 23a. Pert1. Enter the diseest shock, or heert failure. Immediate Cause (Finel disease or condition resulting in deeth) | , or com List only | - | | | | t enter the r | | ng, such es cerdie | ec or respiretory of | errest, | | 1 1 | Approximete ntervel Between Onset end Deeth |
| 15 | attending physician and for use as the bunal-transit | n/Medical Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest | { | b | | Due to (or | es e cor | nsequence o | of): | | | | | | |
| the deat | y the att | Physician/N | Pert II. Other significant con- | itions o | ontributing to d | leath but | not result | ing in th | ne underlyln | ng ceuse gi | ven in Pert I. | 1 | 348 | | | he cause of death? |
| linber / | should be d | þ | | | | | | | | | | 24e. Wes | ' | | 4b. Were eveil comp | e eutopsy findings eble prior to pletion of ceuse |
| = F 1 | rector, page 2 | Completed | | | | | | | | | | 10 | Yes 2 | Q No | 1 🗆 ' | Yes X No |
| 5 1 | O S | ation: To Be | | nding estigation | 28a. Dete (Mon | Inpatien of Injury oth, Dey | 2 | R/Outpe 8b. Tim Inju | e of | 28c. Inju Wo | ner: 4 Nursing | Home 5 Res 28d. Describe | Idence | | Specify) | |
| A ver | 96 | Certification: | 4 ☐ Homicide det | uld not be ermined | 289. Plece build | ing, etc. | (Specify) | | , street, fec | | | 28f. Location (City or To | wn, Stet | Θ) | | |
| To the Hospital of within 24 hours at | completely filled in | Medica | one) 2 Medi | al Exam | ysician: To the niner: On the b and man | esis of e | exeminetic | edge, d n end/o | r investigat | ion, in my o | me, dete end plec ppinlon, deeth occ | urred et the time, | date en | d plece, end | due to th | he cause(s) |
| 5 × 5 | | VA | 290. Signature and into of cer | 7 | una | | | | | 29c. Licens | c 1000 | 04840 | 29d. De | ete signed (M | fonth De | iy, Yeer) |
| | | | 30. Name and address of pers | N | Dun | se of di | (Item) | (Ty | pe, Print) | la | rel | Dul | | | | |
| R | Stat egistra | e ar | 31. Dete filed (Morris 17) | 78 19 | 97 334 | gistra | Signatu | "Ra | ball | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

16594

| | | | | | | | | Cer | titicat | e or | Death | | | Reg. No. | | |
|-------------------|--|---------------------|--|------------------------|--|--|----------------------------|----------------------|-------------------------------------|---|---------------------------------------|------------------------|------------------------------------|--------------------------------------|------------------------|--|
| | Physic /Medi | | 1. Decedent's Neme | | Last) MUEL G | IBSON | SMI | тн | | | | | 2. Dete of D Month 5/12 | Dey | Year | 3. Time of Deeth 5:26 PM |
| | Exami | | 4a. Facility Nama (II | not institution, | give street and r | number) | | | | | 4b. City, To | own, or L | ocation of Dea | th 4c. Coun | ty of Deat | h |
| | | - | | | 7 E. L | illia | n St | • | | | lebro | on, | Md. | | omic | 20 |
| | Funeral Director | | 5. Social Security No. 213-22- | | 5. Sax 1√DM 2□ F | | n yrs. lest bii } | rthday) Yrs. | if Under Months | 1 Yaer Deys | If Undar Hours | 24 Hrs. Min. | 8. Dete of B (Month, D 6/4/1 | irth Sey, Yaer) 928 | 9. Bird Co Mar | hplece (Stete or Foraign untry) Cyland |
| | D . | | Usuel Residence of | | | | | | | | | | | | | |
| | deeth with the Meryland rms 23s or 28s-f show trust to notified at | ctor | Md • | Wico: | mico | 10 | c. City, Tow He | | | lary | /land | i | | | | 10d. Inside City Limits 120 Yes 2 □ No |
| | or 28 | Oire | 10e. Street end Num | nber | | | | | 10f. Zip | Coda | | | | 10g. Citizen of | What Co | untry? |
| | th wi | a | 307 E | East L | illian | St | | | | 218 | 330 | | | U.S | . A. | |
| 20 | or ha | by Funeral Director | 11. Marital Status 1 □ Nevar Marrie 3 □ Widowed | 4 5 | Armed 1 Tyres if Yes. | ecedent Ever Forcas? s 2 □ No N Giva | | | /es Deced Yas, spec | | dispenic Or an, Mexica Specify. | | pecify Yes or No Rican, etc.) | Io- 14. Re BI Spec | eck, White | rican Indien, e, etc. Vhite |
| 8 | *netural*, | | 3 Li Widowed | | Yaar or | Detas: | 100 | D | d- 11. | | | | | 100 100 100 | | |
| 21215-0020 | | Completed | | | grade complate | | 168 | (Giva k life. D | ent's Usue and of wor ONOT us | el Occup rk dona se <i>retire</i> | ation <i>during m</i> os d) | st of worl | king | 16b. Kind of | Business/i | ndustry |
| 21 | yene. | E | Elamentary/Secon | ndery (0-12) | 4 | (1-4or 5+) | U | .s. | Navy | 7 | | | | Mas | ter | Chief |
| | Hygie other | Be C | 17. Fathar's Nama (| First, Middla, Li | est) | | | | 7 | | 18. Moth | er's Nem | e (First, Middle | e, Meiden Suma | _ | |
| Maryland | s 1 and 2 should be filed within f Health and Mental Hygiene. Item 27 is marked other than other traumatic event, the Ma | TOB | William | n Thom | as Smi | th | | | | | Mir | nnie | Blan | che Ki | 11ma | ın |
| lan | 2 sho and 1 | | 19e. Informant's Ne | me/Relationshi | p (Type, Print) | | 19t | . Mailing | Addrass | (Street | end Numb | er or Ru | rel Route Num | ber, City or Tow | n, Stete, Z | 'ip Code) |
| | end eaith n 27 | | Dorothy | | mith | | | | | | 434 | , He | bron, | Maryl | and | 21830 |
| Baltimore, | H to H | | 20e. Mathod of Disp | | B □Removel from | | Ob. Plece o cemete | f Dispos ry, crem | ition (Nen atory or o | ne of ther plea | ce) | İ | Dete | 20c. Location | - City or | Fown, Stete |
| ţ | tant: | | 4 Donation | 5 Other (Spe | ecify) | | St M | 1 | | | | | 5/16 | Tyask | in, | Md. |
| Bal | permit. Pages 1 and 2 Department of Health a Important: If Item 27 is any injury or other trai | | 21. Signature of Fur | nerel Service Li | | 0-417 | 1./ | M | essi | .ck | | eral | | , P.O. | Воз | 61 |
| | | | 23a. Part1. Enter th | e disaesa, or o | omplication the | t causad tha | daath, Do | | | | | | and 21 | | | Approximete |
| 1 | Physician | | shock, or heer | t feilure. List o | nly one causa or | aech line. | Gadan Do | not onto | i dia ilioo | a or oyn | ig, addir da | Cordiec | or respiretory | origot, | 1 | Intervel Between Onset and Deeth |
| | /Medical | | Immediata Cause (F | Finel | M | 2/20 | 1 | 1. | 11110 | Lan | ~ | | | | 1 | |
| | Examiner | | diseese or condition resulting in deeth) | 1 | е | 11/3/14 | ini | / | Juny 1 | 2011 | 1 | | | | <u> </u> | one year |
| L | | ē | | | | Dua | to (or es e | consequ | lance or): | | | | | | 1 | , |
| | certificate be axecuted ding physician and se as the buriel-transit | Examiner | Sequentially list con if eny, leeding to im- ceusa. Enter Under Ceuse (Diseese or I | nditions, medieta | b | Dua | to (or es e | consaqu | ence of): | | | | | | | |
| 68760, | te be ysicia | cai | that initiated events | | C | Dua | to (or as a | CORSAGU | ence of): | | | | | | | |
| 89 X | certifical | //Medical | resulting In deeth) L | ast | d | | 10 (01 20 2 1 | Jonaga | onoo ony. | | | | | | ; [| |
| Box | | clan | | | | | | | | | | | | | | |
| P.O. | y the | Physician | Pert II. Other eignific | cant condition | s contributing to | deeth but no | ot resulting li | n the un | darlyling ca | ause giv | en in Pert | i. | | ~ | | to the cause of death? |
| | ires that tha death signed by the atte d be detached for | | | | | | | | | | | | 10 | Yes 20 No | 3 Pr | obably 4 Unknow |
| of Vital Records, | law requires that tha death as been signed by the atter ? 2 should be detached for I | ed by | | | | | | | | | | | 24a. We | s an autopsy | 24b. \ | Wera autopsy findings |
| 00 | w requires been si | Completed | | | | | | | | | | | pen | formed? | | evallable prior to complation of cause of death? |
| Re | ulclan: The lav certificate has rector, page 2 | mo | | | | | | | | | | | 10 | Yes 2 No | | I □ Yas |
| ta | inficat | BeC | 25. Was case referre | ed to medical | | | | | | | 29 Disco | o of Doo | th (Check only | | ' | 143 1540 |
| > | Physician: this certific ral director, | 0 | axaminer2 | | Hospitel: | Inpatiant | 2□ EB/0: | itnations | 3□ DO | Oth | or: | ursing He | 1 | | ther (Spec | 264) |
| 0 | Physer this eral di | T H | 27, Menner of Deeth | | 28e. Det | e of Injury | 28b. | Time of | | 8c. Injur Wor | | aramy riv | | how Injury occi | | uy) |
| io | Attending or deeth. | atio | Neturel 2 ☐ Accident | 5 Pending invastiga | | onth, Dey Ye | ar) I | njury | М | | κγ Yes 2□ | No | | | | |
| Division | Atte er der by th | Certification: | 3 ☐ Sulcida 4 ☐ Homlcida | 6 Couid no detarmin | ed 286. Ple | ce of Injury - | At home, fe | rm, stre | et, fectory | , office | | | 28f. Location | (Street end Nun | ber or Ru | ral Route Number, |
| ō | s effe | Cer | Tomeda | | Duli | ding, etc. (S | респу) | | | | | | City of 10 | wii, Siele) | | |
| | To the Hospital or Attending Physician: The law within 24 hours effer deeth. To the Funeral Director: Affer this certificate has completely filled in by the funeral director, page 2 | edical | 29a. Certifier (Check only one) | Certifying Medical Ex | Phyeician: To the taminer: On the and ma | ne best of my basis of exa anner steted, | y knowledge mination an | , daeth d/or Inve | occurred e estigetion, | et tha tin | na, date er pinion, dae | nd plece, eth occur | end dua to the red at the time | a causa(s) and n , dete end plece | nennar as , and due | stated. to the ceuse(s) |
| | To the within To the comp | Me | 29tr Signature and t | ttle of certifier | 1/ | 11 | INV | | 29c | Licens | e number | | | 29d. Date sign | |), Day, Year) |
| | | | 704 | - 3 | | - | M | | 1 | 7 | 62 | 78 | | 5-1 | 5 - 9 | 7 / |
| | | | 30. Nema and addre | ocea | no completed ca | use of deeth | (Item 23e) | (Type, P | rint) | 1861 | 1157 | 2 | Sal | 154 | MS | 21661 |
| | Sta | | 31. Dete filed (Month | MAY 13 | 1007 32 | Applistrar's | Signetura | arles | 6 | | | T | | | | Y Y |
| | Registr | aı | | MHI TO | 1221 | 7 | | | | | | | | | | |

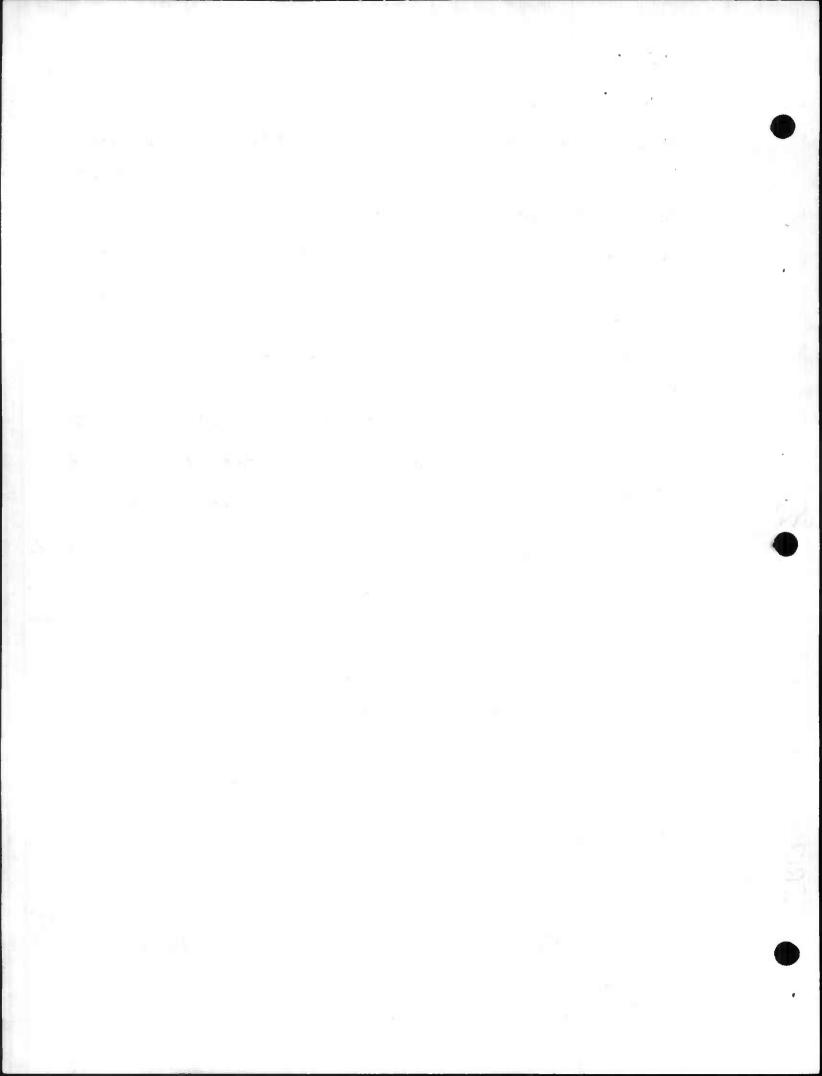
State of Maryland / Department of Health and Mental Hygiene 97 16595

| | | | | Cer | tificate c | of Death | | Reg. No. | 1 100 | |
|--|------------------|---|---|-------------------|----------------------------|-----------------------------|---------------------------------------|------------------------|--|-----------------|
| Dhamin | | 1. Decedent's Nama (First, Middla, La | · · | | | | 2. Data of D | ath | Voor | a of Death |
| Physic /Medi | | OLIVE ET | TA SIMPS | ON | | | MAY | 19 Day 19 | 9 ^x / ₆ 5:4 | 5 AM |
| Exami | | 4a. Facility Nama (If not institution, given | a streat and number) | | | 4b. City, Town, | or Location of Dea | h 4c. Count | y of Death | |
| الماتان | | SHADY GROVE ADVE | NTIST NURSING C | ENTER | | ROCKVI | | MON | TGOMERY | 11 |
| Funerai | | 5. Social Security Number 6. 9 | 5ax 7. Aga (In yrs. Ia □ M 2 X F 96 | | If Undar 1 Ya Months Da | | Hrs. 8. Data of Bi | rth Year 901 | 9. Birthplaca (State | a or Foraign |
| Director | | Usual Rasidenca of Decedant | 30 | Yrs. | | | UAN. 20 | , 1901 | CANADA | |
| pue & m | | 10a. State 10b. County | 10c. City, | Town or Loc | ation | | | | 10d, Inside | City Limits |
| Mery | ō | MD. MONTGOME | RY DF | RWOOD | | | | | | as 2 No |
| 1 the | Director | 10e. Street and Number | | | 10f. Zip Cod | 0. | | 10g. Citizan of | What Country? | |
| 72 hours efter death with the Menyland 72 hours efter death with the Menyland netural; or items 23a or 28s-f show deal Examiner must be notified at | | 6 CADDY COURT | | | | 20855 | | | STATES | |
| death | Funeral | 11. Marital Status | 12. Was Dacedant Evar In U,S | . 13. V | Vas Dacedant | of Hispanic Origin | 7 (Specify Yas or Nuerto Rican, atc.) | o- 14. Ra | ca - Amarican Indian | , |
| or its | | 1 ☐ Navar Married 2 ☐ Married | Armed Forcas? 1 ☐ Yas 2 ☑ No | | | | uerto Rican, atc.) | | ck, Whita, atc. | |
| ours of rai', or | þ | 3 Widowed 4 □ Divorced | If Yas, Giva Yaar or Datas: | 1 | ☐ Yas 2★1 | No Specify: | | Specil | y: WILLIE | |
| d within 72 hours eff giene. or than "natural", or | Completed | 15. Dacedant's E (Specify only highast gr | ducetion | 16a. Deced | ant's Usual Oc | cupation | working | 16b. Kind of B | usinass/Industry | |
| within iene. then | de la | Elemantary/Secondary (0-12) | Collage (1-4or 5+) | | | na during most of irred) | Working | 01.01 | | |
| e filed w al Hygier other ti | | 0 | 0 | н | OMEMAKE | | | OWN | | |
| be fi | 8 | 17. Fathar's Nama (First, Middla, Last | | | | 18. Mothar's | Nama (First, Middle | , <i>Maiden Sum</i> ai | na) | |
| should be nd Mental marked o umatic eve | P | | MPBELL | | | | LICE | LEIGHTO | | |
| C/ 0 m 4 | | 19a. Informant's Name/Ralationship (| | | | | r Rural Route Numi | | , Stata, Zip Coda) | |
| s 1 and of Health Item 27 other to | | DONALD SIMPSON, 20a. Mathod of Disposition | SON 20h Pla | | ADDY CO sition (Nama of | | WOOD, MD. | | City on Town State | |
| Peges nent of nt: if Ne nry or o | | 1 ☐ Burial 2 🕱 Cramation 3 ☐ | Ramoval from Stata cer | natary, crem | atory or othar | olace) | Data | 20c. Location | - City or Town, Stata | |
| 교통원률 | | 4 □ Donation 5 □ Othar (Spacia | 1.17 | | TAN CRE | | 5/20/97 | ALEXAN | DRIA, VA. | |
| Deem Depe Impo | | 21. Signatura of Funaral Sarvice Licer | 0 1 | / MI | IDTEL H | dress of Facility RARRER | FUNERAL | HOME | | |
| 40144 | | 23a. Part1. Enter the disease, or comshock, or heart failure. List only | . Barlier | P | O. BOX | 5038. L | AYTONSVII | LE. MD. | 20882 | |
| | | 23a. Part1. Entar tha disaasa, or com shock, or heart failura. List only | plications that caused the death, one cause on each line. | Do not anta | r tha moda of o | tying, such as car | diac or raspiratory | rrast, | Approxin | Batween |
| Physician /Medicai | | | | | | | | | Onset ar | d Death |
| Examiner | | fmmediata Causa (Final disaasa or condition rasulting In daath) | a | psis | | | | | 1da | 4 |
| | <u>-</u> | | Dua to (or a | as a consequ | uance of): | | | | (| 1 |
| nsit | Medical Examiner | | b | | | | | | 1 | |
| axecu and el-tra | xal | Sequantially list conditions, if any, laading to Immadiata cause. Enter Underlying Causa (Disease or Injury | Dua to (or a | as a consaqu | ance of): | | | | | |
| flicete be ex physician as the buriel | cail | Cause. Enter Undarrying Causa (Disease or Injury that initiated avants | c | uni de la company | | | | | | |
| eath certificete be executed ettending physician and I for use es the buriel-transit | P | rasulting in daath) Last | Dua to (or a | is a consaqu | lanca or): | | | | | |
| ndin use | 2 | | d | | | | | | | |
| that the death | Physician | Part II. Other significant conditions of | ontributing to death but not result | ing In the un | darlying cours | given In Part I | 22h D(d | tobacco use oc | entribute to the caus | a of death' |
| by the | hys | | 1 1 | | | givan in Fait i. | | | 3 □ Probably 4 | |
| es the igned be det | by P | 12 Chemin | c heart | dry | care | | | 105 20,20 | 3 □ Frobably 4 | _ OIRIOW |
| The law requires that the ate has been signed by the page 2 should be deteched. | 8 | demon | 1 | | | | 24a. Was | an autopsy | 24b. Wara autops | |
| w require s been si should | olet | d'emer. | tion | | | | peri | ormad? | available prid completion of of death? | |
| The lav | Completed | | | | | | | Yas 2010 | 1 ☐ Yas 2 | □ No |
| | | 25. Was casa rafarred to medical | | | | 26 Plans of | | | I Tas 2 | LI NO |
| s cert | o Be | axaminar? 1 ☐ Yas 2 ☑ No | Hospital: 1 ☐ Inpatiant 2 ☐ El | R/Outpatient | 3□ DOA | Other: | Death (Check only ig Homa 5 ☐ Ras | | or (Speciful | |
| Phys eral d | L. | 27. Manner of Daath | 28a. Data of Injury 2 | 8b. Tima of | | njury at Vork? | | how injury occur | | |
| or Attending Physelter deeth. Director: After this in by the funeral di | ig ig | 1. Natural 5 ☐ Panding 2 ☐ Accidant Invastigation | (Month, Day Year) | Injury | | Vork? ☐ Yas 2 ☐ No | | | | |
| or Attending Physician: efter deeth. Director: After this certifical I in by the funeral director, | ertification: | 3 ☐ Suicida 6 ☐ Could not b | 28a. Place of Injury - At nom | a, farm, stre | at, factory, offic | Ce C | | | ber or Rural Routa N | um <i>ber</i> , |
| s effer i Direct | Cert | 4 Homicida | building, atc. (Specify) | | | | City or To | wn, State) | | |
| To the Hospital or Attending Physician: within 24 hours efter deeth. To the Funeral Director: After this certific completely filled in by the funeral director, | | 29a. Certifier Decertifying Ph | yafclan: To the best of my knowle | edge, daath | occurred at the | tima, data and pl | ace, and dua to tha | ceuse(s) and m | anner as stated. | |
| n 24 ne Fu | edical | (Check only 2 Madical Exam | ofner: On the basis of examination and manner stated. | n and/or Inv | astigation, in m | y opinion, daath o | ccurred at tha tima, | data and place, | and dua to tha caus | a(s) |
| Withi To the | Σ | 29b. Signatura and titla of certifiar | | | 29c. Lice | ensa number | | 29d. Data signe | ed (Month, Day, Year |) |
| | | bel. a | Mulu D. V | W | D | 19294 | | MAY 1 | 9, 1997 | |
| | | 30. Nama and addrass of person who | completed causa of death (Itam 2 | (Type, P | Print) | - | | 4 | | |
| | | John/Melnich | 911 Russ | e// | Are | Gai Hu | 1/2 m | 2007 | 19 | |
| Sta | ite | 31. Data fied (Month, Day, Year) | 32 Ragistrar's Signatur | ra | | | 0 | | 1 | |
| Registr | ar | MAY 29 1997 | grana Devidson | -Randel | 2 | | | | | |

VER UT YAN

State of Maryland / Department of Health and Mental Hygiene 97

| | | | | | Cei | rtificate (| of I | Death | | Reg. No. | | |
|--|------------------|--|---|--|-------------------|------------------------------------|----------------|---|-----------------------------------|------------------------------|-----------------------------|--|
| Physicia | | 1. Decedant's Name (First, Middle, L | ast) | | | | | | 2. Data of Da Month | ath Day_ | Yaar | 3. Time of Death |
| /Medica | | IRENE M. SM | ITH | | | | _ , | | MAY | 7 | 1997 | 9:15 PM |
| Examine | er | 4a. Fecility Nama (If not institution, g | | er) | | | | b. City, Town, or Lo | ocation of Daat | | ty of Death | |
| | | Shady Grove Nurs | | | | WHALAN | , i | Rockville | 3 | | gome | • |
| Funeral | | | Sax 7 1 M 2 F | Aga (In yrs. lest b | Yrs. | If Under 1 Y | ear ays | If Undar 24 Hrs. Hours Min. | 8. Date of Bir (Month, De | th ey, Year) 8,1921 | 9. Birth | place (Stata or Foreign intry) |
| Director | | 215-20-3034 Usual Rasidance of Decedant | Χ | 75 | 110. | | | | UCt. 2 | 8,1921 | Vir | ginia |
| natural, or items 23a or 28a4 show lical Examiner must be notified at | | 10a. Stata 10b. County | | 10c. City, To | | | | | | | | 10d. Insida City Limits |
| T D | tor | Maryland Monte | gomery | Gait | ther | sburg | | | | | | 1 X Yes 2 □ No |
| 23a or 28a-f show ust be notified at | Funeral Director | 10e. Street and Number | | | | 10f. Zip Cod | da | | | 10g. Citizan o | f What Cou | intry? |
| 23a | a l | 9008 Edgewood Dr | ive | | | | 20 | 0877 | | United | 1 Sta | tes |
| or items | uner | 11. Marital Status | 12. Was Deceda Armed Force | nt Ever In U,S. | 13. | Wes Decedent | of H | ispanic Origin? (Sp. In, Mexican, Puarto | ecify Yes or No | - 14. R | ace - Ameri ack, Whita | ican Indian, |
| 0 5 | | 1 Navar Married 2 Married | 1 Tes 2 | □ No | | 1□ Yas 2) | | Specify: | , , | | ily: Wh | |
| E | d by | 3 ☐ Widowed 4 ☐ Divorced | Year or Data | | | | | | | | | |
| imatic event, tra Madical Exe | Completed | 15. Decedant's I (Specify only highest g | Educetion reda complatad) | 16 | (Giva | dent's Usual Oc kind of work do | ona d | ation during most of work f) | ing | 16b. Kind of | Businass/Ir | idustry |
| N SI | ф | Elementary/Secondary (0-12) | Collaga (1-4d | | | | | " Technicia | | N. I. | Н | |
| ent, | Be C | 17. Fathar's Nama (First, Middla, Las | | 111. | сор | a cho i o c | 3.9 | 18. Mothar's Name | | | | |
| lic ev | To B | James Moore | | | | | | Mary Do | ane | | | |
| amu. | | 19a. Informant's Name/Ralationship | | | | | | an <i>d Number or Rur</i> | | | | |
| any injury or other traumatic event, tra Medical once. | | Gary L. Smith/ S | Son | 2 | 0104 | Sweet | Me | eadow Lan | e, Layt | onsvil | le, M | 1. 20882 |
| de l | | 20a. Method of Disposition 1/△XBurial 2 ☐ Cremation 3 | □ Removal from Sta | camet | of Dispo | sition (Nama o | of plac | е) | Data | 20c. Location | - City or T | own, Stata |
| n'A | | 4 Donation 5 Other (Spec | | | t Oa | ak Ceme | te | rv 5/ | 12/97 | GAITHE | RSBUR | G. MD. |
| any inj | | 21. Signeture of Funaral Service Lice | | 1 | 22 | 2. Name end Ad | ddras | s of Facility | | | | |
| a a | | 23e. Pert1. Entar tha disease, or con | 4./2a | Mer | M | uriel l | ا. 5(| Barber F | uneral | Home | امم ما الد | 20002 |
| | | 23e. Pert1. Entar tha disease, or cor shock, or heart failura. List only | mplications that caus | sed the death. Do | not ent | er the mode of | dyln | g, such es cerdiac | or respiretory e | rrest, | yland | 20882 Approximate Interval Batween |
| cian | 1 | | 4 | | | ./ . | | | | | | Onsat and Death |
| licai iner | | Immedieta Causa (Final diseasa or condition | Ventric | uley t | ihr | lakon | ۵ | Spontales | Ms. | | | 5 minits |
| - | _ | resulting in death) | 1 | Dua to (or as a | consac | quance of): | | Spontale. | | | | |
| isi. | ulu u | | 15cl | 1CMIC | Cer | ides m | 10 | pathy | | | İ | 10 years |
| se as the burial-trensit | Examiner | Sequantially list conditions, if any, leading to Immadiata | 0 | Dua to (or as e | conseq | juance of): | , | / | | | | 20 years |
| pund e | | ceuse. Entar Undarlying Cause (Disaasa or Injury that Initiated avants | c. V10 | inter 1 | ill | 1 pus | | | | | 1 | or open |
| as the | Medical | rasulting in daath) Last | | Dua to (or as a | conseq | uanca of): | | | | | | |
| esn | | | d | | | | | | | | | |
| of for | iclar | Pert II. Other significent conditions | contributing to death | but not resulting | in the u | ndarlving cause | a niv | an In Part I | 23b Dfd | tobacco use o | ontribute | to the cause of death? |
| be datached for u | Physi | | E NEA | _ | | | a givi | arr with diff. | | Yes REN | | bably 4 Unknow |
| 90 da | by | 1707 31110 | 147 | IFC . | / 3/ | 7,0,_ | | | | 7 | | |
| should | be | | | | | | | | | en autopsy ormed? | | Vara autopsy findings veilable prior to |
| N S | pie | | | | | | | | | | C | omplation of causa f death? |
| director, pege | Completed | | | | | | | | 1 🗆 | Yas 24No | 1 | □Yas 2□No |
| rector, per | Be | 25. Was case rafarred to medical axaminer? | | | | | | 28. Place of Deat | h (Check only | ona) | | |
| | 0 | 1 ☐ Yas 2 No | Hospitel: 1 🗆 Inpa | atiant 2 ER/C | utpatian | t 3 DOA | Oth | ar: 45 Nursing Ho | ma 5□Resi | dence 6 🗆 C | thar (Speci | ify) |
| funeral | 5 | 27. Mannar of Death 1 ✓ Natural 5 ☐ Panding | 28a. Data of Ir (Month, L | Day Year) 28b. | Tima of Injury | | injury Work | at c? | 28d. Dascribe | how injury occ | urred | |
| by the f | cati | 2 ☐ Accidant invastigation 3 ☐ Suicida 6 ☐ Could not | 0.0 | | | M | 10 | Yas 2□No | | | | |
| ام ا | Certification: | 4 Homicide determined | 286. Place of | Injury - At home, t atc. <i>(Specify)</i> | arm, str | aat, factory, off | ice | | 28f. Location (City or To | Street and Nur wn, Stata) | nber or Rui | rai Routa Number, |
| pelli | | 29a. Certifiar 1□ Certifying P | builder Todak | | | | | | | | | |
| completely filled in by the | edical | | hyalcian: To the beaminer: On the basis and mannar | of examination a | nd/or inv | occurred at the vastigation, in n | ny or | ne, date end place, pinion, daath occurr | end dua to tha ed at tha tima, | deta and place | nenner as : e, and dua ! | steted. to the ceuse(s) |
| completely filled in | | 29b. Signature end titla of cartifiar | dio manua | J. 100. | | 29c. Llo | cense | number | | 29d. Dete sign | ned (Month, | Day, Year) |
| 0 | | Ands | an | | | ħ | 2 | 1340 | | | | |
| | - | 30. Name and address of parson who | complated cause of | f daath (Item 23e) | (Type | Print) | | • | | | 1 | |
| | | 30. Name and address of parson who | GASS | 3941 | FER | LAKA | R | CIUE 1 | WHEAT | an M | 0 2 | 0906 |
| State | _ | | 32-Regis | strar's Signatura | | | | | | | | |
| Registra | r | 31. Data filed (Month, Day, Year) MAY 21 199 | 7. Julio | Studies R | volate | 9 | | | | | | |
| | | | | | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month 18^y, 8:40A.M. Spriggs /Medical 4b. City, Town, or Location of Death 4a. Fecility Neme (If not institution, giva street end number) 4c. County of Death Examiner 539 McKendree Road | Hunder 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Y Sept. 12 Dunkirk Anne Arundel 7. Age (In yrs. last birthdey) 55 Yrs. 5. Social Security Number 9. Birthplaca (Stata or Foraign **Funeral** 11XM 2□ F Country) Maryland 220-38-8121 Director Usuai Rasidence of Decedent permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Hygiene.
Important: If Item 27 is marked other than "natural" any injury or other traumatic averages. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 □ Yas 2 No Director Maryland Anne Arundel Dunkirk 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 539 McKendree Road 20754 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☑ Yes 2 □ No 1961— If Yas, Giva Yeer or Datas: 1964 Wes Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Maxican, Puarto Rican, atc.) Raca - Amarican Indian, Black, Whita, etc. 11. Marital Status 1 ☐ Never Merried 2 Married 1 ☐ Yas 2 XNo Specify: Black þ 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Dacedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Construction Contractor 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nema (First, Middla, Maldan Sumama) James Ellsworth Spriggs Mary Edith Tasker 19a. Informent's Neme/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Madeline Spriggs/Wife 539 McKendree Road Dunkirk, MD 20754 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriei 2 ☐ Cremation 3 ☐ Ramoval from Stata 5/22/97 4 ☐ Donation 5 ☐ Othar (Specify) Spriggs Cemetery Dunkirk, MD 22. Name and Address of Facility Sewell Funeral Home 21. Signature of Funarai Sarvice Licenses 1451 Dares Beach Road Prince Frederick, MD20678 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Onset and Death **Physician** /Medical Immediate Causa (Final disaasa or condition rasulting in daath) Examiner Physician/Medical Examiner iclan and burial-transit The law requires that the death certificate be executed Sequantially list conditions, if eny, leading to immediate causa. Enter Undarlying Cause (Disaasa or Injury that initieted avents rasulting in death) Last P.O. Box 68760. physician s the burial Due to (or es e consequance of): been signed by the attendin should be deteched for use Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ Be Completed 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? complation of cause of death? page 2 1 ☐ Yes 2 ☐ No or Attending Physician: funeral director, 25. Was casa rafarred to medical 28. Placa of Deeth (Check only ona) Other: 4□ Nursing Home 5 Residence 8 □Other (Specify) 1 Yas 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mennar of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? After To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Afte completely filled in by the fun 1 Natural 5 Panding 1 Yas 2 No investigation 2 Accidant 6 Could not be datarminad 3 Suicide 28a. Placa of Injury - At homa, ferm, straet, fectory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 Homicide edicai 29a. Certifier 1 Scrifying Physician: To the best of my knowledge, death occurred at the time, deta and place, and due to the ceuse(s) and manner as stated. 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of cartifiar 29c. Licansa number 29d. Date signed (Month, Dey, Year)

State

12

Registrar

rad Owens 31. Data filed (Month, Day, Year) MAY 21 32. Ragistrar's Signatura

30. Nema and address of person who complated causa of death (Itam 23a) (Type, Print)

State of Maryland / Department of Health and Mental Hygiene

| | | | | | 00/11/100 | | Death | | H | eg. No. | | | |
|--|---|--|---|---|--|----------------------|---|--|--|--|--|--|--|
| | | 1. Decedant's Name (First, Middle, L. | ast) | | | | | 2 | Date of Deel | th | Vana | 3. Time | e of Death |
| Physi /Mos | | Wilson | L. Some | rs, Jr | • | | | N | Month 1ay 16, | Dey 1997 | Yaar | 8:5 | 0 p.m |
| /Med Exam | | 4a. Fecility Neme (If not Institution, gi | | | | | 4b. City, To | | tion of Deeth | 4c. County | of Death | | |
| LAdii | | Edw. W. McCready | Memorial H | osnita | 1 | | Cris | sfield | l | Some | | | |
| Funera | -1 | | | (In yrs. last t | | ar 1 Yaar | | | Data of Birth | | 9 Rirthn | laca (Ste | te or Forein |
| Directo | | 210-05-3194 | - TO ALL OF I | 81 | Yrs. Months | Deys | Hours | Min. | (Month, Dey, | Year) | Mar | ylar | te or Foreig |
| pue * | | Usuel Residence of Decedant 10a. State 10b. County | | 10c City To | wn or Location | | | | | | 4 | Od Incide | e City Limit |
| sho | <u>-</u> | | | 100. Ony, 10 | Crisfie | 1 4 | | | | | ' | | as 2□N |
| N P | 5 | idz yzdria | sec | | | | | | | | | | 45 2014 |
| £ 2 | Directo | 10e. Street end Number | | | 10f. Z | ip Code | | | 1 | 0g. Citizan of 1 | | try? | |
| 23 | 0 | 220 W. Main St. | | | | 2181 | .7 | | | USA | | | |
| | Funeral | 11. Marital Status | 12. Was Decedant E Armed Forcas? | ver in U,S. | 13. Was Dec | edent of l | Hispanic Orl an, Mexicar | gln? (Specif | y Yas or No- | | e - Amaric | | ٦, |
| perim. Tayor I since a solution believe which in 2. hours effect death with the maryered by a page and a page and a page and a page and a page and a page and a page and a page and a page and a page and a page and a page and a page and a page and a page a page and a page a page and a page | by Fu | 1 ☐ Naver Merried 2 ፟ Marriad 3 ☐ Widowed 4 ☐ Divorced | 1 M Yes 2 □ N If Yes, Give Yaar or Detas:W | | 1 □ Yes | | | | .2., 0.0., | Specify | | | |
| 2 hou | 8 | 15. Decedent's E | | | e. Decedent's Us | uel Occu | pation | | | 16b. Kind of B | usiness/inc | lustry | |
| in in | Completed | (Specify only highast gr | rade completed) | | (Give kind of w | ork done | during mos | t of working | | 100.11 | 00111000011110 | dony | |
| the with | Ē | Elementery/Secondery (0-12) | College (1-4or 5- | +) | Clerk | | | | | Food M | arket | | |
| H TYPE | | 17. Fethar's Name (First, Middla, Las | t) | | | | 18. Mothe | ar's Name (F | irst. Middle I | Meiden Sumen | ne) | | |
| ad a d d d d | Be | Wilson Leonard So | | | | | | | a E. Wi | | | | |
| d Me | 2 | | | | N. 84-92- 4-4 | (0) | | | | | | | |
| ie r | | 19e. Informant's Neme/Reletionship | | | b. Mailing Addres | | | | | | | | |
| m 27 | | Dorothy Somers (| wife) | _ | 20 W. Ma | | tAp | | | | | | |
| of H | | 20e. Method of Disposition **Disposition 3 [| Removel from State | 20b. Plece cemat | of Disposition (Ne ary, crematory or | other ple | ice) | | Deta | 20c. Location - | City or To | wn, State | 9 |
| nent of h | | 4 □ Donetion 5 □ Other (Speci | | Sunny | ridge Me | mori | al Pa | rk 5/2 | 20/97 | Crisfi | eld, | MD | |
| Part Part | | 21. Signature of Funerel Service Lice | nsee | | 22. Name e | nd Addr | ass of Facilit | ty _ | | | | | _ |
| Depar Impo | ā | Railwox 1 | went been |) | | | | | neral h | | 0.46 | | |
| | | Robert H. Brace 23a. Part1. Enter the disease, or con | | the death Dr | | | | | | eld, MD | 218 | | to |
| | | shock, or heart feilure. List only | one ceuse on each line | 3. | THO WILLIAM TO THE | oue or dy | ng, such es | Cerdiec or i | espiretory erre | est, | 1 | Approximation | Between |
| hysician /Medica | า | | | | | | | | | | 1 | Oncot a | |
| | _ | Immediate Cause /Finel | | ก | | | | | | | i | Onset e | nd Deeth |
| | t | Immediete Cause (Finel disease or condition resulting in deeth) | 6. | Rena | l Fail | ure | | | | | | Onset e | nd Deeth |
| | t r | | e | | fail consequence of | | | | | | 1 | Onset e | nd Deeth |
| Examine | t r | disease or condition | e | | | | | | | | | Onset e | nd Deeth |
| xamine | t r | disease or condition resulting in deeth) Sequentielly list conditions. | b. ———— | Oue to (or es a | |): | | | | | | Onset e | nd Deeth |
| xamine | Examiner | disease or condition resulting in deeth) Sequentielly list conditions, if env. leading to Immediate | b. ———— | Oue to (or es a | consequence of |): | | | | | | Onset e | nd Deeth |
| ysician and he burial-transit | Examiner | disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Diseases or Injury that initiated events | b | Oue to (or es a CH Oue to (or es a Preu | a consequence of |):): | | | | | | Onset e | nd Deeth |
| nysician and west he burial-transit | edicai Examiner | disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury | b | Oue to (or es a CH Oue to (or es a Preu | a consequence of a consequence of |):): | | | | | | Onset e | nd Deeth |
| iding physician and mest the burial-transit | /Medical Examiner | disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Diseases or Injury that initiated events | b | Oue to (or es a CH Oue to (or es a Preu | a consequence of a consequence of |):): | | | | | | Onset e | nd Deeth |
| tending physician and cusa as the burial-transit | /Medical Examiner | disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last | b | Oue to (or es a Preu una to (or es e | a consequence of |):): \ \ | | | 23b. Did to | phacco usa co | ntribute to | | |
| y the attending physician and tched for use as the burial-transit | /Medical Examiner | disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Diseases or Injury that initiated events | b | Oue to (or es a Preu una to (or es e | a consequence of |):): \ \ | | | | bacco use co | | the cau | ee of deatl |
| y the attending physician and tched for use as the burial-transit | Physician/Medical Examiner | disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last | b | Oue to (or es a Preu una to (or es e | a consequence of |):): \ \ | | | 23b. Did to | - | | the cau | ee of deat |
| y the attending physician and tched for use as the burial-transit | by Physician/Medical Examiner | disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last | b | Oue to (or es a Preu una to (or es e | a consequence of |):): \ \ | | | | •s 2₺No | 3 Prot | the cau | ee of deati |
| been signed by the attending physician and should be datached for usa as the burial-transit | by Physician/Medical Examiner | disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last | b | Oue to (or es a Preu una to (or es e | a consequence of |):): \ \ | | | 1 🗆 Y | n eutopsy | 3 ☐ Prot | o the cau- | ee of death |
| aw requires the the deam certificate be axecuted to the deam certificate be axecuted to the action of the burlat-transit be detached for usa as the burlat-transit be detached for usa as the burlat-transit be detached for usa as the burlat-transit but actions to the detached for usa as the burlat-transit but actions to the detached for usa as the burlat-transit but actions to the detached for usa as the burlat-transit but actions to the detached for the detached | by Physician/Medical Examiner | disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last | b | Oue to (or es a Preu una to (or es e | a consequence of |):): \ \ | | | 1 □ Y | n eutopsy | 3 ☐ Prot | the cau- | ee of death |
| ate has been signed by the attending physician and page 2 should be datached for use as the burial-transit in | Completed by Physician/Medical Examiner | disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last | b | Oue to (or es a Preu una to (or es e | a consequence of |):): \ \ | | | 1 □ Y | n eutopsy | 3 Prot | othe cau- | ee of death |
| ate has been signed by the attending physician and page 2 should be datached for use as the burial-transit in | by Physician/Medical Examiner | disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last | b | Oue to (or es a Preu una to (or es e | a consequence of |): | ven in Pert I | | 1 U Ye | n eutopsymed? | 3 Prot | othe cau- | ee of death Unknown sy tindings for to ot cause |
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State of Maryland / Department of Health and Mental Hygiene

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|--------------------------------------|--|-----------------|--|---|------------------------------|--|--|---------------------------------|------------------|---------------------------|---|
| | Dhamia | | 1. Decedant's Name (First, Middle, Last |) | | | | 2. Data of Da | ath | | 3. Tima of Death |
| 100 | Physic /Medi | | Hazel C. Swa | am | | | | Month | 12 | 1997 | 5:20 a.n |
|) - | Exami | | 4a. Fecility Nama (If not institution, giva | street and number) | | | 4b. City, Town, or L | | | | J.20 U.II |
| | | | Bel Forest Nursi | ng & Rehabili | itation | Center | Forest H | ill | Harfo | ord | |
| | Funeral | | 5. Sociel Sacurity Number 6. Sa | | s. last birthday) | If Undar 1 Yaa Months Days | | 8. Data of Birl (Month, Da | | 9. Birtho | lace (State or Foraig |
| - C | Director | | 100-14-1531 | ™ ¾ ∰ 75 | Yrs. | Working Day. | s Hours Will. | Sept. 1 | 2,1921 | Mary | land |
| Pu | * | | Usual Rasidanca of Dacedant 10a. Stata 10b. County | 100.6 | Dite. Town on La | antina . | | | | | |
| anyla | sho | 5 | | | City, Town or Lo | | | | | 1 | Od. Insida City Limits |
| he N | 288-1 | ecto | Maryland Harfor | a | Aberde | | | | | | 1 ☐ Yas 2 ☑ No |
| with | 0 8 | 급 | 10a. Street and Number 751-A Mahan Road | | | 10f. Zip Coda | | | 10g. Citizan of | What Coun | itry? |
| death with the Maryland | or items 23s or 28s-f show | Funeral Directo | | 10 Mac Decedent Free in | 11.0 | 2100 | | w .v | | 5.A. | |
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| d within 72 hours after | | by F | 3€XWidowad 4 □ Divorcad | 1 ☐ Yas 2551No If Yas, Give Year or Datas: | | 1□ Yas 2DXNo | Spacify: | | Specify | Whit | te |
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| within i | the | Completed | Elementery/Secondery (0-12) | College (1-4or 5+) | Homem | aker | | 46.0 | In hon | no. | |
| | othe ent, | Bec | 17. Father's Nama (First, Middla, Last) | | | | 18. Mothar's Nam | e (First, Middla, | | | |
| id 2 should be filed with | narked other than marked other than imatic event, the M | To B | Robert T. Hill | | | | Amel: | ia Ann E | Rowers | | |
| should May | Is mai | - | 19a. Informant's Name/Ralationship (T) | rpe, Print) | 19b. Mailir | ng Addrass (Strae | at and Number or Rur | | | Stata, Zip | Code) |
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| Dentity Pages 1 at Denastment of Hea | itarri oth | | 20a, Mathod of Disposition | | Place of Dispo | sition (Nama of natory or other pla | | Date | 20c. Location - | | |
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| permit. | 2 2 | | 21. Signature of Funeral Service License | 00 | 122 | . Name end Addr | rass of Fecility argo Funer | 1 | Criateriv | , iiie | Maryland |
| 2 8 8 | Important land | | 1 San 10 10 - | H | | | | | | | |
| | - | | 23at art1. Enter the disease, or compl | ications that causad the day | | | Maryland | | | | Approximate |
| Phy | /sician | | 23at Juni Enter the disease, or complete the | ne ceusa on aach line. | | | | | | | Intarvel Batwaan Onset end Deeth |
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| | | ē | | Dua to | (or as a consec | juance or): | | | U | | |
| sertificata be axecuted | physician and s the burial-transit | Examiner | Sequentially list conditions | Due to | (or as a conseq | uance of): | - | | | 1 | |
| 5 8 | an ar rial-t | | Sequentially list conditions, if any, laading to immediate ceuse. Enter Underlying | | (5. 45 4 55.155) | | | | | | |
| ta b | he bu | Ca | Ceusa (Disease or Injury that initiated avants rasulting in daeth) Last | Due to (| or as a conseq | uenca of): | | | | | |
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| 3 ~ | attending pl | | | | | | | | | | |
| . 8 | ed fo | Physician | Part If. Other eignificant conditions con | tributing to death but not ra | sulting In tha ur | ndarfylng ceusa g | ivan in Part I. | 23b. Dld t | obacco use co | ntribute to | the cause of death? |
| at the | by the a | Phy | 1 0000011111 | 0.00 | 1/4 | 1011 | a a | 101 | fes 2□No | 3 ☐ Prob | ably 4 Unknow |
|) se | signed b | by | Covvicace | rung | 0-0 | reac | | | | | X |
| he law requires that the | should | ted | | 1 | | | | 24a. Was a | | 24b. Wa | re eutopsy findings illebia prior to |
| law r | 0 C/ | ompleted | | | | | | pono | , | con | npletion of cause leath? |
| The T | ate ha | E O | | | | | | 1 D Y | as 20 Nb | 10 | Yas 2 No |
| | certificate rector, pag | Bec | 25. Was cese refarred to medice! | | | | 26. Place of Daeti | | (V | | - |
| Physician: Th | 0 0 | ToE | axaminar? | ospital: 1 Inpatiant 2 | ☐ ER/Outpatien | t 3 DOA Ot | ther: A | ma 5□ Resid | | ar (Specify | 1) |
| | After th funeral | | 27. Mennar of Death | 28a. Deta of Injury (Month, Day Year) | 28b. Time of | 28c. Inju | | 28d. Dascribe h | | | , |
| Attending ir death. | tha fu | atlo | Natural 5 Panding Investigation | (month, Day real) | Injury | | Yas 2□No | | | | |
| or Attending after death. | Director: d in by tha | Certification: | 3 Suicida 6 Could not be datarmined | 28a. Plece of Injury - At I building, atc. (Spec | | et, factory, office | | 28f. Location (S City or Tow | | er or Rural | Routa Number, |
| tal or | 9 Pe | Ce | | bunding, atc. (Spec. | <i>"Y)</i> | | | Only of You | ri, Giaia) | | |
| Hospital 1 | To the Funerel Direct completely filled in by | | 29a. Certifier 1 Certifying Phys | Ician: To the best of my kn | owladga, death | occurred at tha ti | ime, dete and place, | and dua to tha c | ause(s) and me | nnar as sta | ated. |
| the H | The F | edical | one) | er: On the basis of examinand menner steted. | and/or inv | astigation, in my | opinion, death occurr | eu at tha tima, d | ate and plece, | and due to | tne cause(s) |
| To the | To the comple | Σ | 29b. Signature and offer of confider | 11/ | | 29c. Licen | se number | 2 | 29d. Data signed | d (Month, E | Day, Year) |
| | | | - July | THE | | 1)28 | 337 | Y | au | 13.1 | 1947 |
| | - 25 | | 30. Nama and address of person who op | mpleted cause of deeth (Ita | m 23a) (T ype , I | Print) / | 2 / 6 | 10.0 | 2 1 | 2 | |
| | | | UMIN MY | court lo | 16 | unce | Wax | sell | Chy() | 2/01 | 1 |

State Registrar

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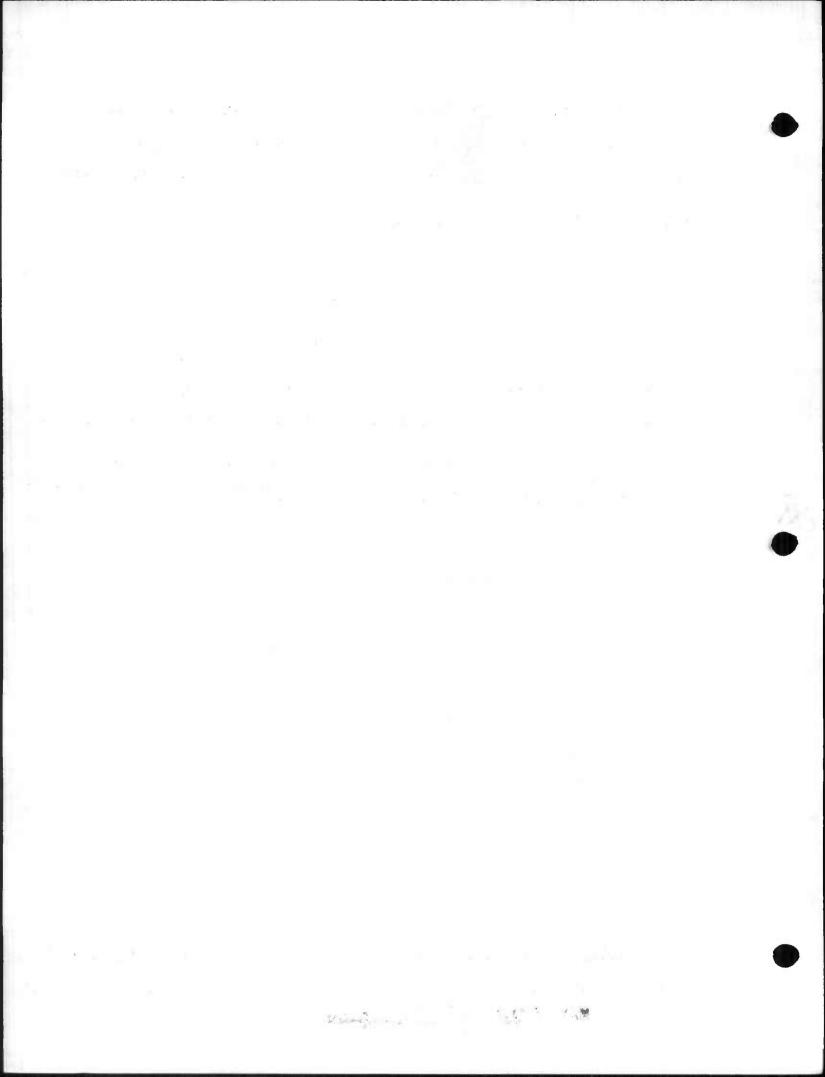
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State of Maryland / Department of Health and Mental Hydiana

| - | | Decedent's Neme (First, Middle, La. | ef) | | Ce | rtificate c | f Death | 2. Date of D | Reg. No. | | 3. Time of Death |
|--|------------------|---|---|-------------------------------|----------------------|--------------------------------------|--|-----------------------------------|---------------------------------|-----------------------|--|
| Physicia | an | | | | | | | Month | Dey | Year | |
| /Medic | | WILLIAM P. | SHORT | SR | • | | | MAY | | 997 | 05:21 AM |
| Examin | er | 4a. Fecility Neme (If not Institution, give | | | | | 4b. City, Town, o | | | | |
| | | 143 North Boh | | | | William A Maria | Cecil | | Ceci | | |
| Funeral | | Social Security Number 8. S | ex 7.Ag ⊠M2□F | ge (In yrs. las | | If Under 1 Ye Months Day | | | lirth Day, Year) | 9. Birth | place (Stete or Foreign |
| Director | | 212-14-2712 | | 79 | Yrs. | | | June | 8, 191 | Ma | ryland |
| 3 | | Usuel Residence of Decedent 10a. State 10b. County | | 10c City | Town or Lo | ocation | | | | | 10d. Inside City Limits |
| r 28a-f show | 7 | | | | | | | | | | 1 Yes 2 No |
| - 1 | act | Maryland Ceci | 1 | Cec | ilto | | | | | | |
| 0.00 | 굽 | 10e. Street and Number | 120 | | | 10f. Zip Cod | | | 10g. Citizen of V | | untry? |
| 23 | Funeral Director | 143 North Bohe | mia Ave. | | | 2191 | | | U.S.A | | |
| | Jue | 11. Marital Status | 12. Wes Decedent Armed Forces? | Ever in U,S. | 13. | Was Decedent of If Yas, specify C | f Hispanic Origin? (uben, Mexican, Pue | Specify Yes or Norto Rican, etc.) | lo- 14. Rac | a - Ameri k, White | ican Indien, |
| Hygiene. ther than "natural", or ite ent, in a Medical Examine | F | 1 ☐ Nevar Merried 2 ☑ Married | 1 XYes 2 ☐ I If Yes, Give | | | 1 ☐ Yes 2 ☐XI | | | | Whi | |
| E.S. | d by | 3 ☐ Widowed 4 ☐ Divorced | Year or Detes: | WW I | II | | | | Specii) | | |
| natural edical Ex | ete | 15. Decedent's Ed (Specify only highest gra | ucation de completed) | | 16a. Dece | dent's Usual Oct | upation | orkina | 16b. Kind of Bu | isiness/ir | ndustry |
| r than | Completed | Elementary/Secondary (0-12) | College (1-4or : | 5+) | life. | DO NOT use ret | e during most of w red) | | | | |
| t it | Co | 8 | | | Fo | reman | | | | | y. Adm. |
| d other | Be | 17. Father's Neme (First, Middle, Last) | | | | | | | le, Meiden Surnarr | 10) | |
| and Mental Hygiene. Is marked other than aumatic event, the Me | 10 | James Hall S | hort | | | | | e Wooll | | | |
| th and Mer 7 is marke traumatic | • | 19a. Informant's Name/Ralationship (1 | | | | | | | | | ip Code) 21913 |
| 27 i | | Catharine Shor | t (wife | 2) | 143 | N. Boh | emia Ave | e. Box | 437 Ced | cilt | on, MD. |
| £ # # | | 20a. Method of Disposition | | 20b. Plac | ca of Dispo | osition (Name of matory or other) | (acc) | Date | 20c. Location - | City or T | own, State |
| Department of Health a Important: if item 27 is any injury or other training. | | 1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify | Removel from Stete | | | | | 16-97 | Cecilt | .00 | MD |
| ortar injui | | 21. Signature of Funeral Service Lican | - | 210 | 25 | emeter | Iress of Fecility | | | | |
| Depa Impo any ir | | 12 2 | > 1 a | 00510 | (| Galena | Funeral | Home | of Step | hen | Schaech |
| | _ | 1400 | real | | | Box 23 | | | 21635 | | |
| | | 23a Part Enter the disease, or companies, or healt failure. List only | plications that caused one cause on each li | tha death. ne. | Do not en | ter the mode of o | ying, such as cardi | ac or respiratory | arrest, | | Approximate Interval Between |
| ysician | | | | | | | | | | į | Onset and Death |
| Medical caminer | Н | Immediate Causa (Finei disease or condition | a Meta: | statio | c N | lelani | m a | | | i | 54rsi |
| 1000 | | resulting in death) | | Due to (or a | | | | | | 1 | |
| * | Examiner | _ | b. Mele | hom | d A | P fac | (c) | | | i | |
| tran | me | Sequentially fist conditions, | 0 | Due to (or a | | | | | | | |
| urial urial | | Sequentially fist conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury | | | | | | | | 1 | |
| physician and s the burial-transit | edicai | thet initieted events resulting in daath) Last | C | Due to (or a | s e consec | juence of): | | | | 1 | |
| 0 0 | | | | | | | | | | I | |
| ettending p | Physician/N | | d | | - | | | | | | |
| ed fo | SC | Part II. Other eignificant conditions co | entributing to death b | ut not resuiti | ing in the u | nderlying cause | given in Part I. | 23b. Die | d tobacco use co | ntribute 1 | to the cause of death? |
| by th | چ | | | | | | | 10 | Yes 2000 | 3□ Pro | obably 4 Unknown |
| pe de | by | | | | | | | | | | |
| been signed by the should be detached | 8 | | | | | | | 24a. Wa | s an autopsy | 24b. W | Vere autopsy findings vallable prior to |
| shods | et | | | | | | | par | formed? | 0 | ompletion of cause f death? |
| page 2 | Completed | | | | | | | 4.5 | 1v 0/1v | | |
| icate r, pa | | OF Meaning of the day | | | | | | | Yes 2 UNG | 1 | ☐ Yes 2☐ No |
| | Be | 25. Wes case referred to medical examiner? | Hospital: | | | 1. | Whon | eath (Check only | • | | |
| this di | 2 | 1 105 2 100 | 1 LI Inpatie | | | IT 3LI DOA | 4 LI Nursing | 1 | sidence 6 Oth | | ity) |
| wher | Certification: | 27. Manner of Deeth 1 DNatural 5 □ Pending | 28a. Date of fnju (Month, Da | y Year) 2 | 8b. Time o Injury | V | | 28d. Describe | how injury occur | red | |
| or: A | cat | 2 Accident Investigation 3 Suicide 6 Could not be | | | | M 1 | Yes 2 No | | | | |
| 10 T | E | 4 Homicide determined | 28e. Piece of Injuding, etc. | ury - At home c. (Specify) | e, ferm, str | eet, factory, offic | е | | (Street and Numb own, State) | er or Rui | ral Route Number, |
| 6 d d | | | | | | | | | | | |
| within 24 hours after death. To the Funeral Director: After completely filled in by the funer | edicai | 29a. Certifier 1 Certifying Phy | elcian: To the best of Iner: On the basis of | of my knowle | edge, deati | occurred et the | time, dete and place | e, and due to the | a cause(s) and ma | nner as | stated. |
| the F | B | one) | and manner sta | ated. | . unworth | TOSHYOUN, III III | Geetti OCC | MILES OF THE THE | , solo end place, | LIG GUE | 10 410 04030(3) |
| Toto | Σ | 29b. Signeture end title of certifier | | | | 29c. Lice | nse number | | 29d. Dete signe | d (Month | , Day, Year) |
| IVA | | 10000000 | Chouska | IIAL. | mD | D | 07129 | | may | 14. | 1997 |
| 1 | - | 30. Name and eddress of parson who o | ompleted cause of d | eeth (Item 2 | 3e) (Type, | | | | 7 | 1) | 1-1-1 |
| | | Wallace Obensha | | | | | ctice B | ox 415 | Ceci1+ | on. | MD. 2191 |
| Stat | e | 31. Dete filed (Month, Day, Year) | 32. Registra | ar's Signatur | 10 | | | 7 40 4 4 4 | | St. A. A. Fran | |
| Registra | | MAY 1 | 5 1997 | 10 P. | Javido | - Bula | | | | | |
| | | | 1 - | 11 | - | | | | | | |

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Charles E. Singleton 1805 May 17 1997 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Cecil Union Hospital Elkton if Under 1 Year If Under 24 Hrs. Hours Min. 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dev. Year) Birthplace (State or Foreign Country) **Funeral** Months Deys 1 □XM 2 □ F Yrs Director 85 220-14-4625 Feb 28 1912 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits Director 1 Yes 2€ No Cecil Rising Sun 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 45 Spready Oak Rd 21911 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: White 1 ☐ Yes 2 ☒ No by Specify: 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Building Supply Carpenter 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Florida Unknown Charles Singleton 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Laverne C. Singleton, Son 2704 Willow Street Pike Willow Street PA 17584 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete Dete 1 XBurial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Penn Hill Friends Cmty 5-21-1997 Wakefield, PA 21. Signature of Finerel Service Licenses 22. Name end Address of Fecility R. T. Foard Funeral Home ant. Entire the disease or complications that caused the nock or heart feilure. List only one cause on each line. 111 S Queen St. Rising Sun MD 21911 eth. Do not enter the mode of dying, such as cerdiec or respiretory errest, Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) 10 days neuwyma Examiner Due to (or es e consequence of) Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Dld tobacco use contribute to the cause of death? Chame abstructive lung disease 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveileble prior to completion of ceuse of deeth? Completed Chome renal insufficiences 24a. Wes en eutopsy 1 Yes 2 2 100 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA Certification: To 1 Yes 2 No 27. Menner of Deeth 28e. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Naturel 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Medicai Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signeture end title of counties 29c. License number 29d. Dete signed (Month, Dey, Yeer) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) William F Renzulli MD 901 Warburton Rd North East MD 21901 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature State

DHMH 16 Rev 6/95

Registrar

MAY 1 9 1997

r 28a-f s

than "natural", or items 23a or the Medical Examiner must be

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filed within 72 hours after

Hygiens.

Pages 1 and 2 should be then of Health and Montal 8 int: If them 27 is marked of

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Department of Important: If any injury or

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To the Hospital within 24 hours e

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funeral director,

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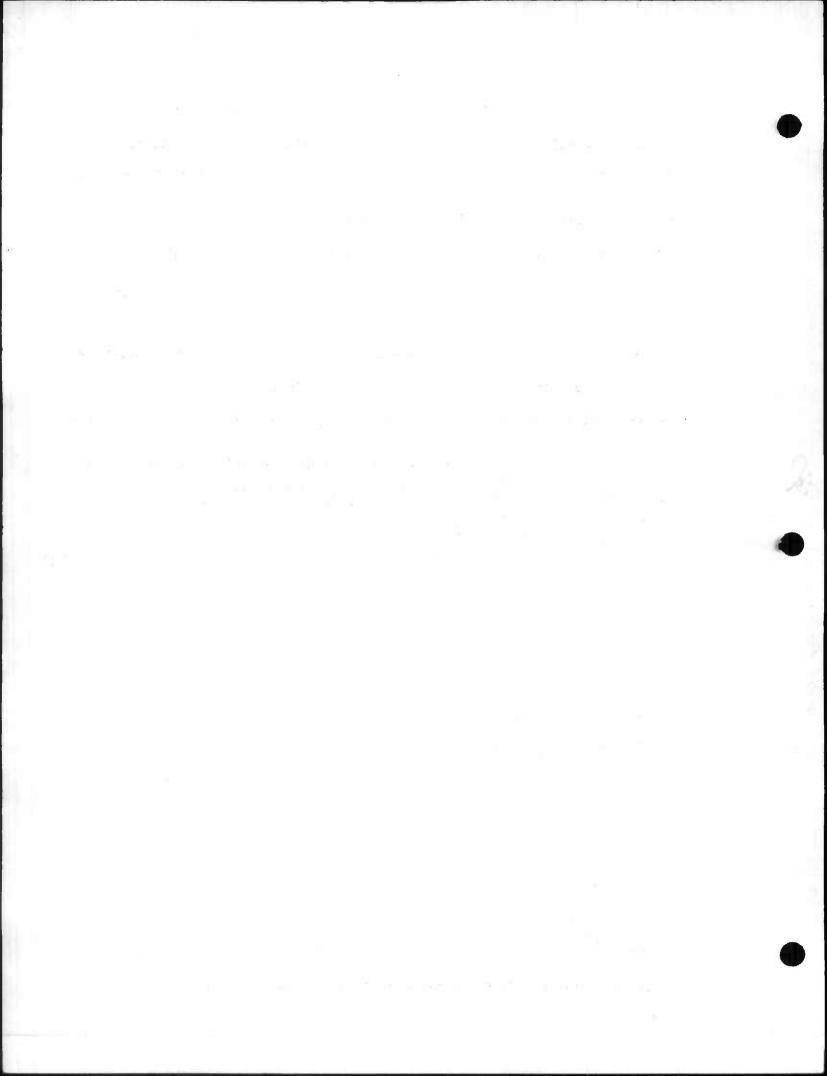
Baltimore, Maryland 21215-0020

Charle

Singleton,

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,



State of Maryland / Department of Health and Mental Hygiene

tal Hygiene 97 16602

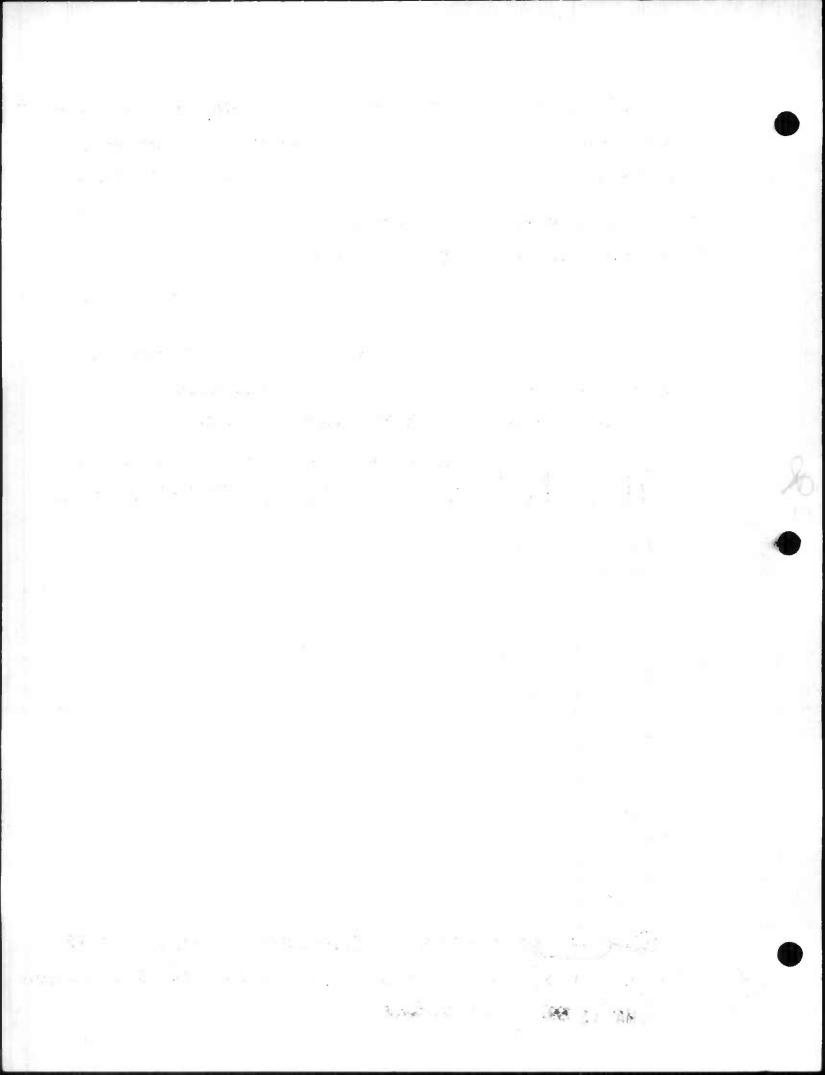
| | | | | | (| Certificate | e of | Death | | Reg. No. | J 1 | , 0000 |
|--|---------------------------------------|-------------------|--|---|----------------------|------------------------------------|----------------------|---|---|----------------------|---------------------------|---|
| | | | 1. Decedant's Nama (First, Middla, I | Last) | | | | | 2. Data of De Month | ath | Vaar | 3. Tima of Death |
| | hysici /Media | | KICHARD | SCHUL | TER | | | | O S | - lo | Yaar 97 | 0356 |
| | xamir | | 4a. Facility Nama (If not institution, g | | | | | 4b. City, Town, or | | | y of Daath | |
| | | | GREATER LAUREL- | BELTSVILLE | HOSPTTAI | | | LAUREI | 4 | PRINC | E GEO | ORGES ' |
| Fu | neral | | | Sax 7. Age | (In yrs. last birth | day) If Undar | | f Undar 24 Hrs | 8. Data of Bi | th | | placa (Stata or Foreig |
| Dire | ector | | 211-34-9165 Usual Rasidanca of Dacedant | 1X M 2□F | 52 Y | Months | Days | Hours Min | | 7, 1944 | PENNS | YLVANIA |
| Maryland | Dorfflad at | | 10a. Stata 10b. County | | 10c. City, Town | or Location | | | | | 1 | 0d. Insida City Limits |
| Ma | | to | MARYLAND PRINCE | GEORGES 1 | LAUREI | | | | | | | 1 X Yas 2 □ No |
| death with the | 200 | ire | 10e. Street and Numbar | | | 10f. Zip | Coda | | | 10g. Citizen of | What Coun | itry? |
| th c | 1 | JE D | 922 7TH STREET | | | | 207 | 707 | | UNITED | CTLAT | erec. |
| ler deat | Š | Funeral Director | 11. Marital Status | 12. Was Dacedant E | Evar in U,S. | 13. Was Daced | | Hispanic Origin? (Span, Maxicen, Puar | Specify Yas or No | | ce - Amaric | an Indian, |
| | a di | | 1 Navar Marriad 2 Married | Armed Forcas? 1 XYas 2 N If Yas, Giva | lo | | | | to Hican, atc.) | Bia | ck, Whita, | atc. |
| | | by | 3 ☐ Widowed 4 ☐ Divorced | If Yas, Giva Yaar or Datas: | 43 - | 1 ∐ Yas 2 | 2 XI No | Specify: | | Specif | WE WE | HITE |
| 15-00. | | Completed | 15. Decedant's | Education | 16a. C | ecedant's Usua | Occu | pation | | 16b. Kind of B | usinass/Inc | dustry |
| 1 | or other traumatic event, the Madical | pie | (Specify only highast g Elementery/Secondary (0-12) | rada complatad) College (1-4or 5 | | Giva kind of wor ifa. DO NOT us | ik dona ia ratire | a during most of wo | orking | | | |
| | 4 | E | 9 | College (1-401 5 | | KER | | | | FOOD/P | ASTRY | r |
| W 5. | ent, | Be C | 17. Fathar's Nama (First, Middla, Las | st) | | | | 18. Mothar's Na | me (First, Middle | | | |
| aryland should be file and Mental Hy | 0 | To B | ALBERT JOHN SCHU | י יידי | | | | RETTY I | EAN ESPI | EN | | |
| 2 should and Men | T . | - | 19a. Informant's Name/Ralationship | | 19h J | Aaiiina Addrass | (Stree | t and Number or R | | | State Zin | Code) |
| C/ | tract | | | | | _ | | | | | | ooda) |
| s 1 end 1 Health | the | ŀ | LINDA SCHULTER, 20a. Mathod of Disposition | WIFE | | isposition (Nam | | ET, LAURE | Data Data | 20c, Location | 707 | own State |
| | 0 | | 1 Burlal 2 Cramation 3 | ☐Ramoval from Stata | cematary, | crematory or of | thar pla | | 195 | | | |
| TIT Per | Juny | | 4 □ Donation 5 □ Other (Space | ~ | FORT L | INCOLN | | | 5/15/97 | BRENTWO | 00D, 1 | MARYLAND |
| permit. Peges 1 Department of He | any injury once. | | 21. Signatura of Funaral Sarvior Do | ensee | | 22. Nama and | | ass of Facility LN FUNER | AT HOME | | | |
| 40.5 | = a | | Tes | a Julia | 0 | | | ENSBURG R | | TWOOD. | MD 20 | 1722 |
| | | | 23a. Part1. Entar tha disaasa, or co- shock, or haart feilura. List onl | mplications that causad | tha daath. Do no | t antar tha mode | a of dy | ing, such as cardia | c or raspiratory a | rrast, | 1 | Approximata Intarval Batwaan |
| Sandificate be executed xiding obvision and | e es the buriel-transit | /Medical Examiner | Sequantially list conditions, if any, laading to Immadiata ceuse. Entar Undarfying Ceuse (Disease or Injury that initiated evants resulting in daath) Last | . Ales | Dua to (or as a co | div | ec | . Prilate dise | eral fu ase, C | lman | pothy | Unal, |
| the death of the etteno | be detached for u | Physician | Part II. Other algniffcant conditiona | contributing to death bu | t not rasulting In t | ha undarlyling ce | eusa gi | ivan in Part I. | 23b. Did | tobacco uae co | ntribute to | the causa of death |
| thet de | deta | | | | | | | | 10 | Yes 2 No | 3 Prob | pably 4 ☐ Unknow |
| requir | 2 should be | Completed by | | | | | | | 24a. Was | an autopsy ormed? | ava | ere autopsy findings aliabla prior to mpiation of causa daath? |
| The lav | peged | FO | | | | | | | 10 | Yas 2 No | 10 | Yas 2□No |
| VILAI Ilcian: Th certificate | tor, p | Bec | 25. Was cesa rafarred to medical | | | | | 26 Place of Da | eth (Check only | | | |
| Physician: this certific | | 0 | axaminar? 1 ☐ Yas 2 ∰ No | Hospital: | nt 2 ER/Outp | atient 3 DO | A Ot | har: | doma 5 ☐ Rasi | | ar (Canaih | 4) |
| Phys c | - I | | 27. Mennar of Death | 28a. Data of injun (Month, Day | | | Bc. Inju Wo | | | how Injury occur | | , |
| I or Attending lefter death. | funer | Certification: | 1 Natural 5 ☐ Panding 2 ☐ Accidant Invastigation | | Year) Inju | Iry M | | ork?]Yas 2∐No | | | | |
| or Attend efter death Director: A | by the | fica | 3 ☐ Suicida 6 ☐ Could not | De Diseasettain | rv - At homa farm | | | | 28f. Location / | Straat and Numb | per or Rure | l Routa Number |
| Director | 5 | Te | 4 ☐ Homicide datarmine | building, atc. | (Specify) | 2 - 0 | L/ - | 1.701 | City or To | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| pital ours | filled | | 29a. Certifier 12 Cartifying P | busines. To the heat of | rel kee | robert | reo | spiral | | | | |
| Fun Fas | stely | edical | (Check only one) 2 Medical Exa | hyalcian: To the best of miner: On the basis of a and mannar stat | axaminetion end/o | or Invastigation, | in my | me, data and place opinion, death occi | e, and dua to tha urred at the time, | dete end plece, | annar es st and dua to | tha ceuse(s) |
| To the Hospital or / within 24 hours efter To the Funeral Dire | Mg m | X - | 29b. Signature and titla of certifiar | and marinal stat | 0 0. | 290 | Lican | sa number | | 29d Data sinne | d (Month I | Day Vaer) |
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| C. | 7 | | 18hwan | r perus | u par | mus | D | 51250 | | May | 10,1 | 711 |
| 16 | 211 | | 30. Nama and address of person who | complated ceusa of da | ath (itam 23a) (Ty | pe, Print) | | | _ | U | | |
| (| / | | HSMWANI K.13 | SASSI 3 | 25 HC | SPITAL | I | PR. GL | EMBUI | SMIE, 1 | 40. | 21061 |
| | Stat | e | 31. Data filed (Month, Day, Year) | 32 Begistre | 's Signatura | | | | | | | |
| Re | gistra | ar | MAY 15 19 | 11 year on | Water Lan | 44 | | | | | | |

State of Maryland / Department of Health and Mental Hygiene 97 | 6603

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| sician | 1. Decedent's Neme (Fi | - | ast) | | | | | 2 | Date of Deeth | | | 3. Tim tl |
| dical | KO | BERT | A . | SCKI | INER | | | | MAY | 08 | 1997 | 06:31 P |
| niner | 4e. Fectlity Nema (If not | _ | 7 | | | 4b. | City, Town, | or Loca | tion of Daeth | 4c. Count | of Deeth | , |
| | PRINCE | GEOR | GES HOS | PITAL | | | HEVER | -> | | PRINC | E GEOV | AGBS. |
| ı | 5. Social Security Numb | | Sex 7. 1☑ M 2☐ F | Aga (In yrs. lest | Months | | If Under 24 H | irs. 8 | Date of Birth (Month, Dey, | | | ca (State or Fore |
| T. | 217-60-661 | .2 | IMIN SOL | 43 | Yrs. | | | | | | | of Colu |
| | Usuet Residence of Dec | cedent b. County | | 100 City T | own or Location | | | | | | | |
| 2 | 100. 0.000 | b. County | | Too. Oity, 1 | OWIT OF LOCATION | | | | | | 100 | d. Inside City Lin |
| ecto | Maryland Pr | | eorge's | Capit | ol Height | | | | | | | 1√2 Yes 2□ |
| 급 | 10e. Street end Number | г | | | 10f. Zip | Code | | | 10 | g. Citizen of | Whet Country | y? |
| Funeral Director | 1405 Campb | ell Av | enue | | | 743 | | | | U.S.A | | |
| N. | 11. Marital Status | | 12. Wes Deceda Armed Force | es? | 13. Was Deced | dent of Hisp cify Cuban, | enic Origin? Maxican, Pu | (Specification (Speci | fy Yes or No- can, atc.) | | ce - American ck, White, etc | |
| by F | 1 Never Merriad 3 □ Widowed 4 □ | | 1 Yes 2 | | 1 ☐ Yes | 21 No | Specify: | | | Specil | v: | |
| D | | | Yeer or Data | | | | | | | | Blac | |
| Completed | (Specify o | Decedent's E only highest gr | ducation ade com <i>pleted)</i> | 11 | Decedent's Usue (Give kind of world) | rk dona dur | on ring most of (| working | 1 | 6b. Kind of B | usiness/Indu | stry |
| E | Elementary/Seconder | ry (0-12) | College (1-4 | or 5+) | life. DO NOT us | , | | | | | | |
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| Be | 17. Fettial 5 Nettie (Fils) | t, Middle, Last | 1) | | | | 8. Mothers I | Neme (F | First, Middle, M | eiden Sumer | ne) | |
| 2 | Unknown | | | | | | | - | .dunkı | | | |
| | 19a, Informent's Neme/ | Reletionship (| (Type, Print) | 1 | 9b. Mailing Address | (Street en | d Number or | Rural F | Route Number, | City or Town | Stete, Zip C | code) |
| | Stephanie M | L. Scri | vner, Spo | ouse 3 | 350 Curti | s Dr. | , #30: | | | | | |
| | 20e. Method of Dispositi | | Removat from Sta | como | of Disposition (Nem etery, cremetory or o | ne of other plece) | | | Dete 2 | Oc. Location | City or Town | n, Stete |
| - | 4 □ Donetion 5 □ | | | traction to the second | t Olivet | Cemet | erv | 15 | 115/97 1 | Washin | gton, | D. C. |
| | 21. Signeture of Junare | Service Lice | nsee 810 | | | | | | lunket | | | |
| ä | 1/ //wit | tous | au | . « | 250% - | 20+h | C+ N | 112 1 | Washing | ton D | C 2001 | 10 1/.12 |
| | 23e. Per h. Enter tha di shock, or heert lail | iseese, or com | nplications hat caus | sed the death. | not enter tha mode | la of dying, | such es card | liec or r | espiretory erre | st, | | pproximete ntervel Between |
| , | snock, or neert rail | lure. List only | one ceuse on eech | n line. | | | | | | | ir | ntervel Between Inset end Death |
| i 🗀 | Immediete Ceuse (Fine | H | .1. 40 -0. | | | | | | | | | |
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| ě | | | e HYPERTE | To the Manager of the Control | e consequence of): | EROTIC | CARL | Piovi | 4SCULAI | r pise | ASE | |
| amlner | resulting in deeth) | | e. HYPERTE | Due to (or es | e consequence of): | EROTIC | CARL | Plovi | ASCULA | r pise | ASE | |
| Examiner | resulting in deeth) | ons, diate | b. | Due to (or es | | EROTIC | CAFI | Piov | ASCULA | r pise | ASE | |
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State of Maryland / Department of Health and Mental Hygiene

| _ | | | | | | Cer | tificate of | Death | - | Reg. No. | 97 | 16604 | |
|-------------------|--|--------------------|---|---|----------------------|--|--|--|---|---|-------------------------------------|---|--|
| ı | Physic | | Dacedent's Name (First, Middle | | | 1 | | | 2. Dete of De Month | | Yeer | 3. Time of Deeth | |
| J | /Medi | | FRAN | | 54, | RIC | 7 | | MAY | Dey 13 | , 1997 | 11:20 AN | |
| κ | Exami | ner | 4e. Facility Neme (If not institution | | er) | | | 4b. City, Town, or l | ocation of Deet | h 4c. C | ounty of Deeth | | |
| L | | | Mariner Health Care | | | | | Laure | Total Control | | ince Geo | rge's | |
| | Funeral Director | | 5. Sociel Sacurity Number 225-22-4789 Usual Residence of Decedent | 6. Sex 7 1 ☐ M 2 🗗 F | Age (In yrs. last | Yrs. | Months Deys | | 8. Dete of Bir (Month, De Dec 28 | 8. Dete of Birth (Month, Dey, Year) 9. Birthplace Country) Dec 28, 1923 Virgin | | | |
| | /lend | | 10a. Stete 10b. County | | 10c. City, T | own or Loc | ation | | | | 1 | 0d. Inside City Limits | |
| | Mar | to | Maryland Prince | George's | Co1 | lege : | Park | | | | | 1 Yes 2 □ No | |
| | r 28 | i e | 10e. Street end Number | | | | 10f. Zip Code | | | 10g. Citize | on of Whet Coun | try? | |
| | h wit | a D | 9014 Rhode Isl | and Avenue | # 505 | | 207 | 40 | | II S | S.A. | | |
| 020 | within 72 hours after death with the Marylend iena. 'than "natural', or items 23a or 28a-f show the Mexical Examiner must be notified at | by Funeral Directo | 11. Marital Status 1 □ Never Merriad 2 ☒ Marri 3 □ Widowed 4 □ Divorced | 12. Was Decedar Armed Force ad 1 Yes 2 If Yes, Give Yeer or Dates | s? No | | Ves Decedent of I Yas, specify Cub | Hispenic Origin? (Spean, Maxican, Puerto Specify: | pecify Yes or No Ricen, etc.) | - 14 | Race - Americ Bieck, White, | etc. | |
| 5-0020 | 2 hou | P | 15. Decedent | 5. Decedent's Education only highest grade completed) | | 8e. Decede | ent's Usuel Occu | petion | | 16b. Kind | of Business/Inc | lustry | |
| 218 | | pie | (Specify only highes Elementery/Secondery (0-12) | | | 8e. Decedent's Usuel Occup (Give kind of work dona of life. DO NOT use retired | | during most of world) | king | | | , | |
| 2121 | | Be Completed | 12 | College (1-40 | . 547 | Cashier | | | | Ret | ail Foo | 'ood | |
| Maryland | tal Hyg d othe | | 17. Fether's Neme (First, Middle, L | .ast) | | | | 18. Mother's Nam | ne (First, Middla, | Maiden St | umeme) | | |
| yla | | To | Joseph Franci | s Fix | | | | Eva Al | llen Ste | ele | | | |
| la | and and is m | | 19e. Informent's Neme/Reletionsh | | | | | t end Number or Ru | | | | / | |
| | ロースト | | Mary F. Smith | Daughter | | 7018 | Wake For | est Drive | e, Colle | ge Pa | ark MD 2 | .0740 | |
| ore | ges 1 en t of Heall if Item 2 or other | | 20a. Method of Disposition 1 □ Burial 2 🛣 Cremation | 2 Demouslance State | 20b. Plece ceme | of Dispos | ition (Name of etory or other ple | ice) | Date | 20c. Loca | tion - City or To | wn, Stete | |
| E | Page nent c | | 4 Donetion 5 Other (Sp | | | poli | tan Crem | natory (| 5/14/97 | Ale | xandria | . VA | |
| Baltimore, | permit. Pag Department Important: i any injury c | | 21. Signature of Funeral Service L | icembe | 11 | 22. | Name end Addre | ess of Fecility | | | | | |
| m | 88 3 5 8 | | + Henry | 1.ct | . () | F | rancis G | asch's Sc | ns Fune | ral H | Home, P. | A. | |
| | | | 1 1 1 | complications that caus | ed tha daath. D | 20 not anta | r tha moda of dyi | imore Ave | or raspiretory ar | rest. | ville MD | Approximeta | |
| | Physician | | Immadiate Ceuse (Fine) disease or condition resulting in deeth) Immadiate Ceuse (Fine) a. CONGESTIVE HEART FAILURE 10 HOURS | | | | | | | | | | |
| 7 | /Medical | | | | | | | | | | | | |
| | Examiner | Examiner | | | | | | | | | | | |
| _ | | | | 6 | RON | ARV | HOA | OT D | COA C | E | 1 | YEARS | |
| | cuted | | | | | | | | | | | PEARS | |
| ó | an ar | | | | | | | | | | | YEARS | |
| 68760, | icate be axecuted physician and s the burial-transit | fedical | Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Dua to (or as e consequance of): | | | | | | | | 9 | / -/ 1/-3 | |
| | ng pt | Ted | resulting in death) Lest | | | | | | | | 1 | | |
| Box | attendir I for use | an | | d | | | | | | | | | |
| | dea death | by Physician/ | Pert II. Other significant condition | s contributing to death | but not resulting | g in the und | dertylng ceuse giv | van in Part I. | 23b. Dld t | obacco us | se contribute to | the cause of death? | |
| 0 | that the death red by the atter detached for u | | Advanced Chronic Renal FAILUM | | | | | 1□ Yes 2⊠No | | | | | |
| | gned be de | | Adoniveed | 0.11-01412 | - / / | 7 | MICUIC | = , | | | | | |
| Records, | e law requires that the death certificate be axecuted has been signed by the attending physician and ge 2 should be detached for use as the burial-transit | Completed | DILATED CAR | Gopmoici. | ATHY | , Re | PCENT | ADRTIC | 24a. Wes | an autopsy med? | ave | ora autopsy findings bilable prior to npletion of ceuse deeth? | |
| <u>~</u> | 0 5 0 | mo: | UAIVE RE | PLACEMO | ONT | Dia | BETES | MELLITA | ,c 10 Y | es 200 | No 1 | Yes 20 No | |
| Ta | iclan: The cartificate rector, pag | Be | 25. Wes cese referred to medical | | | 2101 | 10 11-3 | 26. Piece of Deel | | ne) | | | |
| > | Physician: this cartific ral director, | ဥ | exeminer? 1 ☐ Yes 2 No | Hospitel: 1 ☐ Inpat | tient 2 ER/ | Outpetient | 3□ DOA Oth | ner: 4 Nursing Ho | ome 5 Resid | lence 8 [| Other (Specify |) | |
| ono | Attending Phir death. ector: Atter the | | 27. Menner of Death 1 Naturel 5 Pending 2 Accident Investigs | | jury 28t ey Year) | o. Time of Injury | 28c. Injui Wo M 1 □ | | | | | | |
| Division of Vital | or Attendii aftar death. Director: A In by tha fu | Certification: | 3 Sulcide 4 Homicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) | | | | | | 28f. Location (Street and Number or Rural Route Number, City or Town, State) | | | | |
| | To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funer | edicai C | 29a. Certifier (Check only one) Certifying 2 Medical E | Physician: To the best | of exeminetion | lge, deeth o | occurred et the tirestigetion, in my d | me, dete end plece, opinion, deeth occur | end due to the or | cause(s) er dete end pl | nd menner es ste ace, end due to | ated. the cause(s) | |
| | To the within 2 To the compla | Mec | 29b. Signeture end title of certifier. | end menner s | rated. | | 29c, Licens | | | | signed (Month, L | | |
| | 8 4 \$ 4 | | Durack | ATTE | MOINO | 3 | 1 | 62.00 | | M A | 13 / | 997 | |
| | (in) | | | | | / | 1000 | | | MAY | 1 | (/ / | |
| (| (2) | | 30. Nema end address of person w | | | | | AIDEN (| Choice | LA. | CATORS | 997 ville, 21228 | |
| | Sta Registr | | 31. Dete filed (Month, Day, Year) MAY 1 5 1 | 32 Regis | trar's Signeture | Randall | | | | | | | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

| | | Decedent's Neme (First, Middle, Las | t) | | ificate of | Death | Re 2. Dete of Death | g. No. | 7 1 5 5 U 5 | | |
|--|----------------------------|--|--|--|---|---|---|---|--|--|--|
| Physic /Medi | | Edward | | Sin | nms | | Month | Day | Yeer 650 | | |
| Exami | | 4e. Fecility Neme (If not institution, give Prince Georges (| · · | ital | | 4b. City, Town, or Chever | | 4c. County of | | | |
| Funeral Director | | Social Security Number 6. Se | | rs. last birthday) | If Under 1 Year Months Days | | 8. Dete of Birth | Yeer) | 9. Birthplece (Stete or Foreign Country) | | |
| and | | Usuel Residence of Decedent 10e. State 10b. County | 10c. | City, Town or Loca | tion | | 110 VEMBET | . 2,1733 | 10d. Inside City Limits | | |
| Many Fet sho | tor | Maryland Prince | e Georges | | tsville | | | | MYes 2 No | | |
| th with the Marylar 23a or 28a-f show | ai Director | 10e. Street end Number 4007 Buchanar | | | 10f. Zip Code | 781 | 10 | og. Citizen of Wh United | net Country? States | | |
| n 72 hours after death with the Maryland "natural", or items 23a or 28a-f show ofical Examiner must be notified at | by Funeral | 11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced | 12. Was Decedent Ever in Armed Forces? 1 ☑ Yes 2 ☐ NMON If Yes, Give Year or Detes: Feb. | v.1950 "Y | s Decedent of I es, specify Cub | dispenic Origin? (S an, Mexican, Puerl Specity: | pecify Yes or No- o Rican, etc.) | o- 14. Race - American Indien, Black, White, etc. Specify: Black | | | |
| within ene. than " | Completed | 15. Decadent's Edu (Specify only highest grad Elementery/Secondery (0-12) 12th grade | cation le completed) College (1-4or 5+) | (Give kin life. DO | 16e. Decadent's Usual Occupation (Give kind of work done during most of life. DO NOT use retired) Truck Driver | | rking | 6b. Kind of Busi W. J. Furnitu | | | |
| be filed all Hygi d other | Be C | 17. Fether's Neme (First, Middle, Last) | | | | 18. Mother's Nar | me (First, Middle, M | laiden Sumeme) | | | |
| should but marked | To | | aniel | | Sr. | Rita | | | Hicks | | |
| d d d d d d d d d d d d d d d d d d d | | 19a. Informant's Neme/Reletionship (T) Mattie Ruth Richar | | 19b. Meiling | Address (Street | end Number or Ru | rel Route Number, | City or Town, St | Marria and 20791 | | |
| Pages 1 an Nent of Heali nt: If itam 2 Iry or other | | 20a. Method of Disposition 1XXBuriel 2 ☐ Cremetion 3 ☐ F | Removal from State | . Pleca of Dispositi cametery, cremat | on (Neme of tory or other ple | ^{ce)} May 16 | Date 2 | 0c. Location - Ci | ity or Town, Stete | | |
| permit. Pa Departmen important: any injury | | National Harmony Memorial Park Landover, Maryland 21. Supparture of Fuperal Service Licensee 22. Neme and Address of Facility Latney's Funeral Home, Inc. 3831 Georgia Avenue, N.W.: Washington, D.C. 20011 | | | | | | | | | |
| Physician and earth certificate be assecuted ed by the attending physician and detached for use as the burial-transit | Physician/Medical Examiner | 23a. Pert1. Enter the disease, or cample shock, or heart failure. List only or limited the condition resulting in death) Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in deeth) Lest | Due to Due to Chum | (or es e consequer (or es e consequer (or es e consequer | nce of): africe of): lual | des Carberra | Hewah | | fritervel Between Onset and Deeth | | |
| tha de | nysic | Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. | | | | | | 23b. Did tobacco use contribute to the cause of death? | | | |
| es that igned b | by Pl | | | 1 Yes 2 No 3 Probably 4 Unknown | | | | | | | |
| aw requir is been s 2 should | Completed b | | | | | | 24e. Wes en performe | | 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? | | |
| | | | | | | | 1 ☐ Yes | 2 No | 1 Yes 2 No | | |
| ysician: The is certificate director, pag | o Be | 25. Wes case referred to medical exeminer? | lospital: | | Oth | er. | th (Check only one | | | | |
| g Phys er this heral di | n: To | 27. Manner of Deeth | 28e. Dete of Injury | 28b. Time of | 3 DOA 28c. Injur | 4 Unursing H | Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred | | | | |
| o Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certific ataly filled in by the funeral director. | Certification: | 2 Accident investigation M 1 Yes 2 No | | | | | | 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) | | | |
| To the Hospital or At within 24 hours after of To the Funeral Direct complataly filled In by | edicai Ce | 29e. Certifier (Check only one) | iclan: To the best of my kr ner: On the basis of examin end menner stated. | nowledge, deeth oc netion end/or Invest | curred et the tin igation, In my o | ne, dete end plece pinion, deeth occur | end due to the ceu red et the time, det | se(s) end menn e end pleca, end | er es steted. d due to the ceuse(s) | | |
| To the within 2 To the compla | | 29b. Signeture end title of certifier D21843 May 11, 1997 | | | | | | | | | |
| | | 30. Name and address of person who com | mpleted cause of deeth (Ite | om 23e) (Type, Prin | nt) | | Green | | | | |
| Sta Registra | | 31. Dete filed (Month, Dey, Year) | Registrar's Sign | netur | | | | | | | |

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death Month **Physician** May 8, 1997 TAMAR A, SCHULTZ 9:55 P.M. /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hyattsville. MD Prince Georges 1418 Madison Court If Undar 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year)
June 22,1897 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthpiaca (Stata or Foreign **Funeral** Months Days Hours 1 M 2 F Guyana 99 years Yrs. Director 217-06-3115 Usuai Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits notified at the Maryt 1 □ Yas 2 □ No Director Maryland Prince Georges Hyattsville 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? r than "natural", or herve 23a or the Medical Exeminer must be n 20782 Guyana 1418 Madison Court Funeral 12. Was Decedant Evar in U.S. Armed Forcas? 13. Was Dacedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Maritai Status 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 ☑ XIo If Yas, Giva Yaar or Datas: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2KXX0 Specify Specify: þ **Black** 3 ♥ Vidowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Dacadent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry 2 should be filed within 73 and Mental Hyglene. Is marked other than "ne Elemantary/Secondary (0-12) Collega (1-4or 5+) Teacher's Aid Public Schools 12th grade 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Be es 1 and 2 should be of Health and Mental 1 them 27 is marked or Victoria Cole James Williams 0 19a. intormant'a Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 1418 Madison Court, Hyattsville, Maryland 20782 Lynette Schultz, Daughter 20a. Method of Disposition

1 Burial 2 Gremation 3 Mamoval from Stata
4 Donation 5 Other (Spacify) 20b. Place of Disposition (Nama of cematary, cramatory or other piace) 20c. Location - City or Town, Stata Data Pages nant of h permit. Pages Department of Important: If th ò 15 May 97 Georgetown, Guyana Saint Marks Church Cem 22. Nama and Addrass of Facility Johnson & Jenkins Inc. 21. Signature of Funeral Service License 716 Kennedy Street, N.W., Washington, D.C. 20011 caused the death. Do not antar tha moda of dying, such as cardiac or raspiratory arrest, Approximata Interval Batween Onset and Death **Physician** Immediata Causa (Final disaasa or condition rasulting in daath) /Medical Examiner Examiner physician and the burial-transit Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseasa or injury Box 68760. Physician/Medical that initiated evants resulting in daath) Last Dua to (or as a consequence of): USB P.O. the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. by 24b. Ware autopsy findings availabla prior to complation of cause of death? 24a. Was an autopsy Completed has certificate 1 Yas 2 No 1 ☐ Yas 2 ☐ No or Attending Physician: after death. 25. Was casa retarred to medical axaminar? Be 26. Placa of Death (Check only one) Hospital: Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Data of Injury (Month, Day Year) funeral 27. Mannar of Death 28d. Dascribe how Injury occurred 28c. Injury at Work? Certification: Director: After Natural 5 Panding Invastigation 2 Accidant 1 Yas 2 No 8 Could not be detarmined 28t. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicida 28a. Piaca of Injury - At homa, tarm, streat, tactory, office bullding, atc. (Specify) 4 Homicide 24 hours a Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) within 2 To the F 296, Signature and tile of certifier 29c. Licensa number 29d. Data signed (Month, Dav. Year) ne 30. Nama and addra sof person who complated causa of daath (itam 23a) (Type, Print) W. Vones rar 32 Registrar's Signatura 31. Data filed Month, Day, Year) State **MAY 12** Registrar

DHMH 16 Ray 6/95

The second section of the second section is a second secon

WRC 97-2803-019 ROBERT C. STEWART

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Physici /Media Examir

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-1 show any Injury or other traumatic avent, the Medical Exprinter must be notified at once. Baltimore, Maryland 21215-0020

Physician /Medicai **Examiner**

To the Hospital or Attending Physician: The law requires that the death certificete be executed within 24 hours efter death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use es the bunal-transit

Division of Vital Records, P.O. Box 68760,

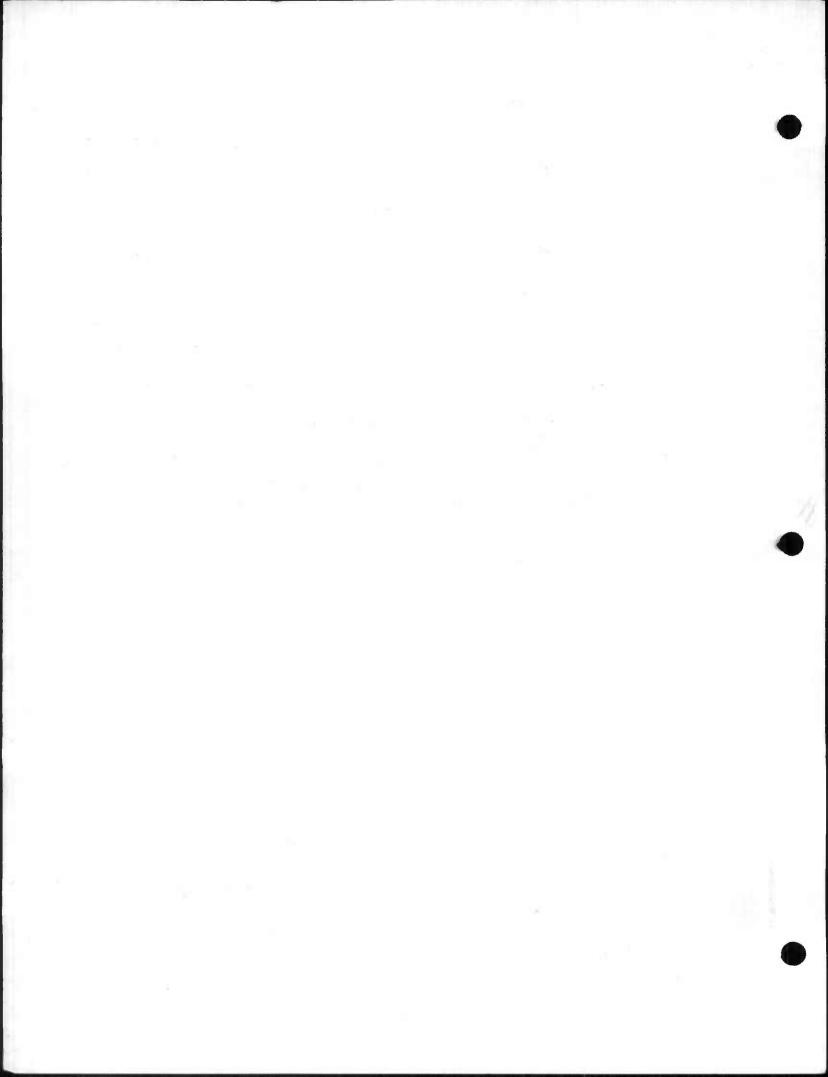
| | | | Certi | ilicale of | Dealli | | R | leg. No. | | | |
|--|----------------------|---|---|--------------------------------|---|--------------------------------------|--|--|--|---|--|
| Decedent's Nema (First, Middle, L ROBERT | CARRO | LL | STEWA | ART | | 2 | 2. Date of Dea Month MAY | Day | Yeer 997 | 3. Time of Deal | |
| 4a. Facility Nama (If not institution, git 405 MARYLAND | | nber) | | | lb. City, Town CAME | | ation of Deeth | 4c. County | of Death orches | ster | |
| | Sex 101 M 2□ F | 7. Aga (In yrs. last 71 | birthday) Yrs. | If Under 1 Year Months Deys | r If Under 24 Hrs. | | B. Dete of Birth (Month, Dey Aug. 1 | , Year) | 9. Birthpleca | | |
| | | | | | | | | | | | |
| MD 10b. County Dorche | | 10d. Inside City Li | | | | | | | | | |
| 10e. Street and Number 405 Ma: | ve. | | 10f. Zip Code 21 | 613 | | 10g. Citizen of Whet Country? U.S.A. | | | ntry? | | |
| 11. Marital Status 1 ☐ Nevar Married 2 ☐ Married 3 ☐ Widowed 44 Divorced | Armed For | Armed Forces? 1943- | | | Was Dacadent of Hispenic Origin? (Specify Ye f Yas, specify Cuban, Mexican, Puerto Rican, I □ Yes 2 No Specify: | | | | Yes or No- in, atc.) 14. Rece - American Bleck, White, at Specify: wh: | | |
| 15. Decedent's E (Specify only highest gr | | 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry | | | | | | | | | |
| Elementary/Secondery (0-12) 11 17. Fether's Neme (First, Middle, Las | 4or 5+) | do not know | | | | U.S. Merchant Mar | | | nt Marin | | |
| Arthur | s Ste | ewart | | | Lucille Latham | | | | | | |
| 19e. Informent's Name/Reletionship Mrs. Laurinda Ma | | | 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, 2 38 Dihedral Drive, Baltimore, MD 21220 | | | | | | | Code) | |
| 20e. Method of Disposition 1 P Burial 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Speci | tate came | lace of Disposition (Neme of ametary, crematory or other place) Veterans Cemetery 5-23-97 Hurlock, Maryla | | | | | | | | | |
| 21. Signeture of Funeral Servica Licensee 22. Neme and Address of Facility Thomas Funeral Home PA 700 Locust St. Cambridge, MD 21613 | | | | | | | | | | | |
| disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest | b | Due to (or es | or es e consequence of): or es e consequence of): | | | | | | | | |
| ert II. Other eignificant conditione of | dcontributing to dee | eth but not resulting | ng In the underlying cause given in Pert I. 23b. Did tobacco use contribute to the 1 □ Yes 2 □ √ 3 □ Probably | | | | | | | | |
| | | | | | | | | | ev cc of | ere eutopsy finding eileble prior to sympletion of causa deeth? | |
| 25. Wes case referred to medical examinar? | 11. | | | | | Deeth (| Check only on | 10) | | | |
| 1 XYes 2 □ No | Hospital: 1 🗆 In | patient 2 ER/0 | 3□ DOA Oth | 4 LI Nursii | ng Home | 5 Reside | enca 6 □Oth | er (Specil | y) | | |
| 27. Mennar of Deeth 1 Neturel 5 Pending 2 Accident Investigatio 3 Si-Suicide 6 Could not be determined | on 5 - 28e. Pleca of | 0 - 10 - 11 - 1 | | | 28c. Injury et Work? M 1 ☐ Yes 2 ☐ No et, fectory, office | | | 28d. Describe how injury occurred SVAD JETT S HOT SELE 28f. Location (Street end Number or Rurel Route Numb City or Town, Stete) | | | |
| 29e. Certifier (Check only (C | | | | | | | | | enner as s | teted. | |
| one) 19b. Signatum and title of cartifier | er steted. | 29c. License number O.C.M.E. | | | | | 29d. Data signed (Month, Day, Year) MAY 21, 1997 | | | | |
| 30. Neme end eddress of person who ALM SLATO A. 31. Dete filed (Month, Dey, Year) | Marian | of deeth (Itam 23e | l Per | | et, B | alt | imore | , Mary | land | 21201 | |

Registrar's Signature

State

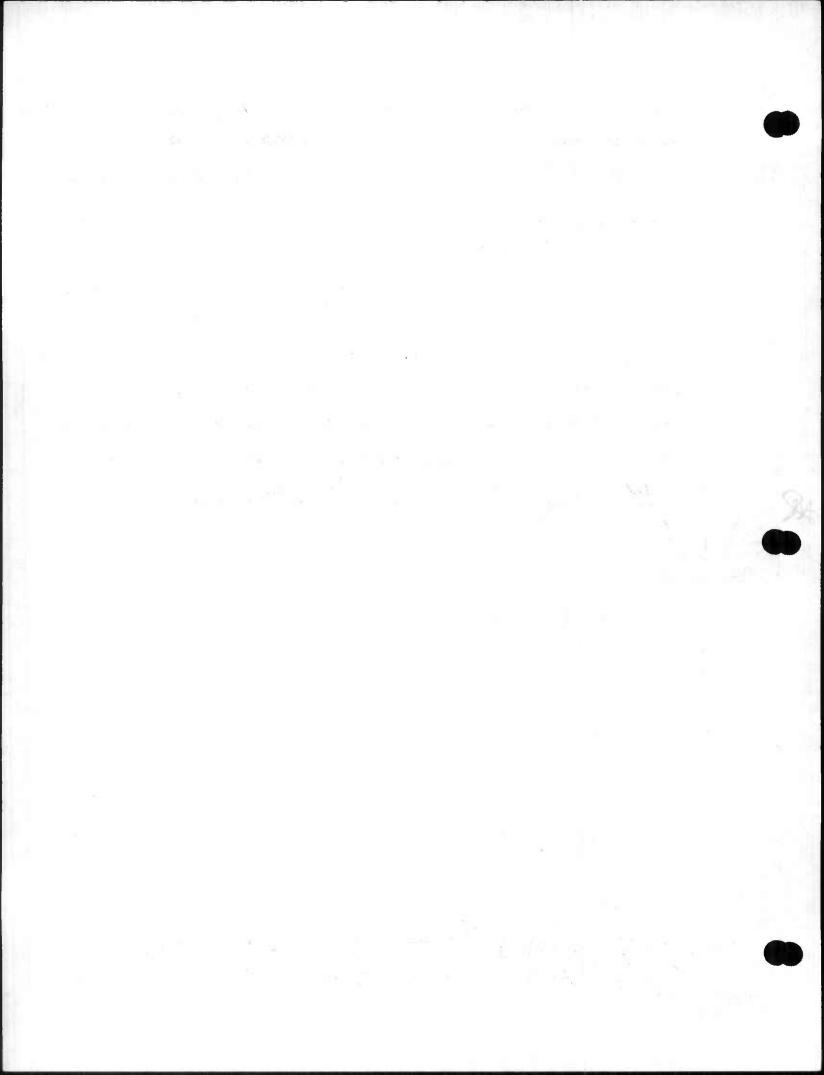
Registrar

MAY 2 2 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| | _ | Decedant's Nama (First, Middla, Las | otate of Mary | | rtificate of | | 2. Data of De | Reg. No. | 7 6608 | | |
|--|---------------------|---|--|--|--|---|---|---------------------------------|---|--|--|
| Physic | | m. 01. | WAY | Sm. 7 | 7 | | Month MAY | Dey | Yaar 11:10 Pm | | |
| /Medi Exami | | 4e. Facility Neme (if not institution, give | | | | 4b. City, Town, o | r Location of Deet | h 4c. County | /// | | |
| | | GENESIS ELDERO | | | | LA PLA | | CHARL | ES | | |
| Funeral Director | | 5. Social Sacurity Number 6. Se 213-54-6759 Usual Rasidance of Dacedant | 7.4 - 5 - | yrs. last birthday) 39 Yrs. | If Under 1 Year Months Days | | | th ly, Year) 2 1907 | 9. Birthplace (Stata or Foraign Country) Maryland | | |
| Mon | | 10a. Stata 10b. County | 100 | c. City, Town or Lo | cation | | | | 10d. Inside City Limits | | |
| e Mar | ctor | Maryland Charle | es | La Plat | a | | | | 1 Yas 2 No | | |
| vith th | Dire | 10e. Straat and Number Genes | sis Elderc | are | 10f. Zip Coda 20646 | | | 10g. Citizan of V | | | |
| 23a | eral | One Magnolia Dr | 176 | | | | (Openito Non- and I | USA | | | |
| within 72 nous atter deem with the marylend and a than "netural", or items 28a or 28a-f show the medical Examiner must be notified at | by Funeral Director | 11. Maritel Status 1 □ Naver Merriad 2 □ Marriad 3 ☒ Widowed 4 □ Divorced | Armed Forcas? 1 Yes 2 No hit Yas, Giva Yaar or Datas: | 1 ☐ Yes 2 No If Yas, Giva 1 | | Was Decedant of Hispanic Origin? (Specify Yas or If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 Yes 2 No Specify: dant's Usual Occupation kind of work dona during most of working DO NOT usa artired) | | | a - Amarican Indian, k, White, atc. White | | |
| i whill / z trous after beent with the maryles field. 'then "natural", or frems 23a or 28a-f show the medical Example must be notified as | Completed | 15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12) | a complated) (Giva kind of lifa. DO NOT | | kind of work dona OO NOT usa ratire | | | | 16b. Kind of Business/Industry | | |
| H S F | Be Co | 17. Fether's Neme (First, Middle, Last) | Homemaker | | | 18. Mothar's N | ama <i>(First, Middi</i> a | Own Home | | | |
| Mental arked o | To B | John T. Redd | | | | Hester | Day Re | edd | | | |
| end Men is marke | | 19a. Informant's Neme/Ralationship (T) | ,, | | - | t and Number or I | Rural Route Numb | er, City or Town, | | | |
| Haalth Itam 27 other tr | | Carol A. Randal | | | | wood Dr | | | | | |
| 0 | | 20a. Method of Disposition 1 | Ramoval from State | Db. Placa of Dispo cematary, cran Cedar Hi | netory or other pla | | Data 20c. Location - City or Town, Stata - 20-97 Suitland, MD | | | | |
| Department Important: I any injury o | | 21. Signature of Junaral Sarvice Licans | MO017 | | Nama and Addre | | | | | | |
| .□ <u> </u> | | 23a Pyly Entar the disaase, or comp | w | 4 | .H. Eber 433 Whit | e Pls La | White P | ls., MD | 20695 | | |
| /Medical stranger as the burishers as the foundation and the second of the control of the contro | n/Medical Examiner | Immediata Causa (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last | Sergino Due: Advar Madi | o (or as a consequ | nglw neuroe of: | nosa local | mon day to | | * MONFE * YEREKS * YEARS! | | |
| y the attended for | Physician/N | Part II. Other significant conditions cor | ntributing to death but not | ributing to death but not resulting in the underlying cause given in Part I. | | | | | Ribute to the cause of death? | | |
| ed by the a | Phy | | | | | | | 1 Yes 2 No 3 Probably 4 Unknown | | | |
| been sign should be | Completed by | | | | | | | an autopsy rmed? | 24b. Were autopsy findings available prior to completion of cause | | |
| oertilicata has rector, page 2 | шо | | | | | | 10 | ves 20036 | of death? | | |
| rector, p | Bec | 25. Was case referred to medical | | | | 26. Place of De | eath (Check only o | CO. 1 -14.5 -15.5 | TOTAL SCHOOL | | |
| 10 TO | To | examiner? 1 ☐ Yes 252 No | fospital: 1 🗆 Inpatient | 2 ER/Outpatient | 3□ DOA O | 200 | Home 5 ☐ Resi | | ir (Specify) | | |
| After t | | 27. Manner of Death 1 ☑Natural 5 ☐ Pending | 28a. Date of Injury (Month, Day Yea | 28b. Time of Injury | 28c. Inju | ry at | 28d. Describe how injury occurred | | ed. | | |
| | Certification: | 2 Accident investigation 3 Suicide 6 Could not be | M 1□Yes 2□No | | | | | | | | |
| 2 章 四 | ertif | 3 ☐ Suicide 5 ☐ Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) | | | | | | Street and Numbe vn. State) | er or Rural Route Number, | | |
| 24 hours Funeral stely filled | edical C | 29a. Certifler Check on Medical Examin | hysician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. miner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. | | | | | | | | |
| within 2 To the comple | × | 29b. Signature and title of certifier | 1/1 | \ | 29c. Licens | e number | | 29d. Date signed | (Month, Pay, Year) | | |
| | - | 1/ promi | ~ | 20629, 5/17/97 | | | | | | | |
| | | 30 Marie and address of person who on | mpleted causa of death (| Itam 23a) (Type, F | Print) WA | -LD OR | N-M | J. 20 | 0603 | | |
| Sta | | 31. Data filed (Month, Day, Year) | 32. Registrer's 3 | ignatura | | | | | , | | |
| Registra | ar | MAY 1 9 1 | 1997. Dulia | Daveler R | 24/-11 | | | | | | |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death **Physician** Month Vear 08: 05 AM MAY SARAH SINGLETON OLIVER 1997 /Medical 4a. Facility Name (If not Institution, giva straet and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 2018 HANCOCK PRINCE GEORGES DRIVE UPPER MARLBORO 5 Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Day You July 17, 6 Sev 7. Age (In yrs. last birthday) 9. Birthplace (Stata or Foreign **Funeral** Year 1913 Florida Months Days Hours 1□M 20 F 262-12-8170 83 Director Yrs. Usual Residence of Dacedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Items 23a or 28a-f show Director 1 Yes PNO Maryland | Prince George's Upper Marlboro 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? death with 2018 Hancock Drive 20774 United States Funeral 12. Was Decedent Ever In U,S. Armad Forces? 1 ☐ Yes △№1 No It Yes, Give Year or Dates: 11 Marital Status Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. the Medical Examiner filed within 72 hours effer 1 Never Marriad A Married 21215-0020 ò 1 ☐ Yas 2 ☐ No þ Specify: 3 ☐ Widowed 4 ☐ Divorced Black "natural", Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade com 16b. Kind ot Business/Industry completed) I Hygiene. Elementary/Secondary (0-12) Collega (1-4or 5+) Housekeeping Hospital traumetic event, Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Surname) Be h end Mental h Pages 1 and 2 should be nent of Health end Mental. 2 Willis Oliver Nellie Hall 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2: Department of Health er Important: If item 27 is any injury or other trat Sarah Ann Singleton (Daughter) 2018 Hancock Drive, Upper Marlboro, Md 20774 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) May 16 Pata 20c. Location - City or Town, State 1 Burlal 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Sunny Vale Cemetery 1997 Ouincev Florida 22. Name and Address of Facilities Funeral Home, Inc- 6633 Old 21. Signature of Funeral Segral Lice Alexandria Ferry Road, Clinton, Maryland 20735 23a. Part1. Enter the disease, or complications that ceused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or haart failura. List only one cause on each line. Approximata Interval Between Onset and Death **Physician** /Medical Immediata Cause (Final disease or condition resulting in death) Arteriosclerotic Cardio Vascular Disease Examiner Dua to (or as a consequence ot) Examiner The law requires that the death certificate be executed the buriel-tran Sequentially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, ettending physician for use es the burie Physician/Medical Due to (or as a consequence of): 98 Part II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Part I. the 23b. Did tobacco use contribute to the cause of death? signed by i 3 □ Probably 4 Unknown 1 ☐ Yes 2 ☐ No þ cate hes been signed by pege 2 should b Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause ot death? certificate hes 2 XN0 1 Yes 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was cese refarred to medical 26. Placa of Death (Check only one) examiner? Other: 4 Nursing Home 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 Other (Specify) After this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Dascribe how injury occurred Certification: 28b. Tima ot 28c. Injury at Work? 1 ANatural 2 Accident 5 Pending investigation within 24 hours after death. To the Funeral Director: A 1 Yes 2 No the 6 Could not be determined 3 Suicide 6 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide Hospital Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledga, death occurred at the time, data and place, and dua to tha cause(s) and manner as stated. 2 Medical Examiner: On the basis of (Check only in tion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) 2 29b. Signati 29c. Licansa number
EFUTX MEDICAL EXAMINED
23954 33954 MAY (Item 23a) (Type, Print)

CHEVERLY

3001 HOSPITAL PRIVE

State Registrar 31. Date tiled (Mo

GOLLE

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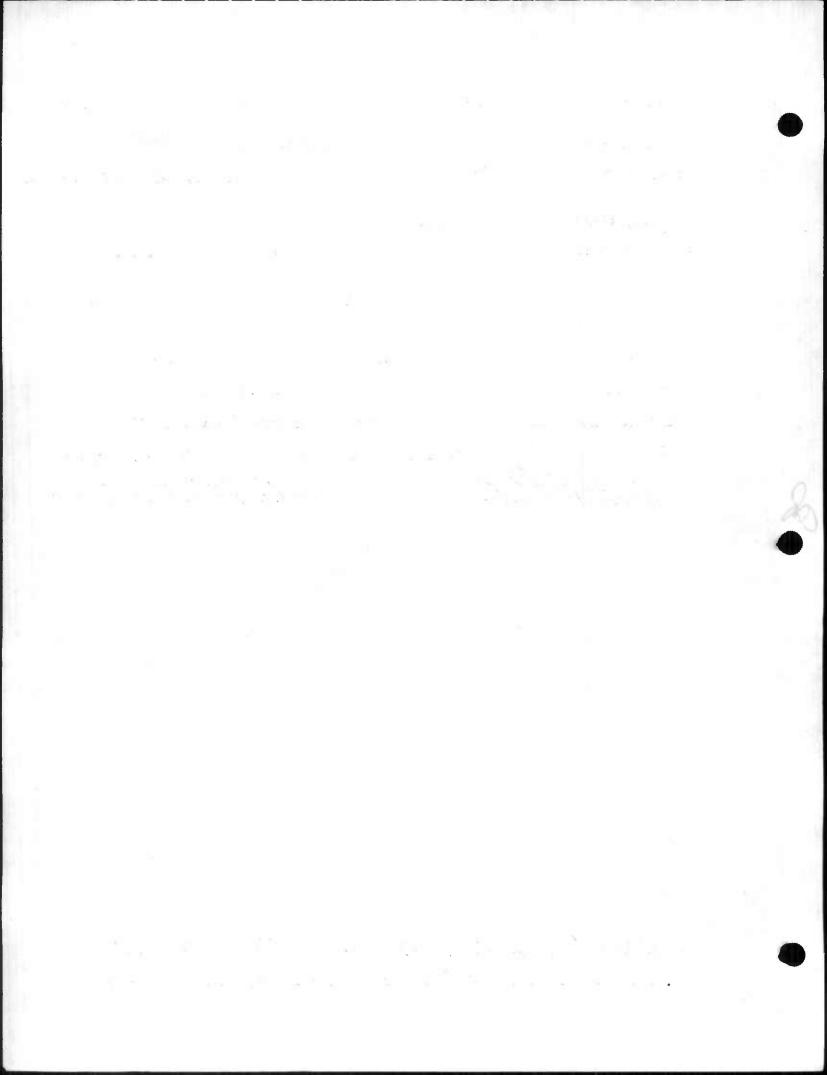
32. Registrar's Signature

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State of Maryland / Department of Health and Mental Hygiene

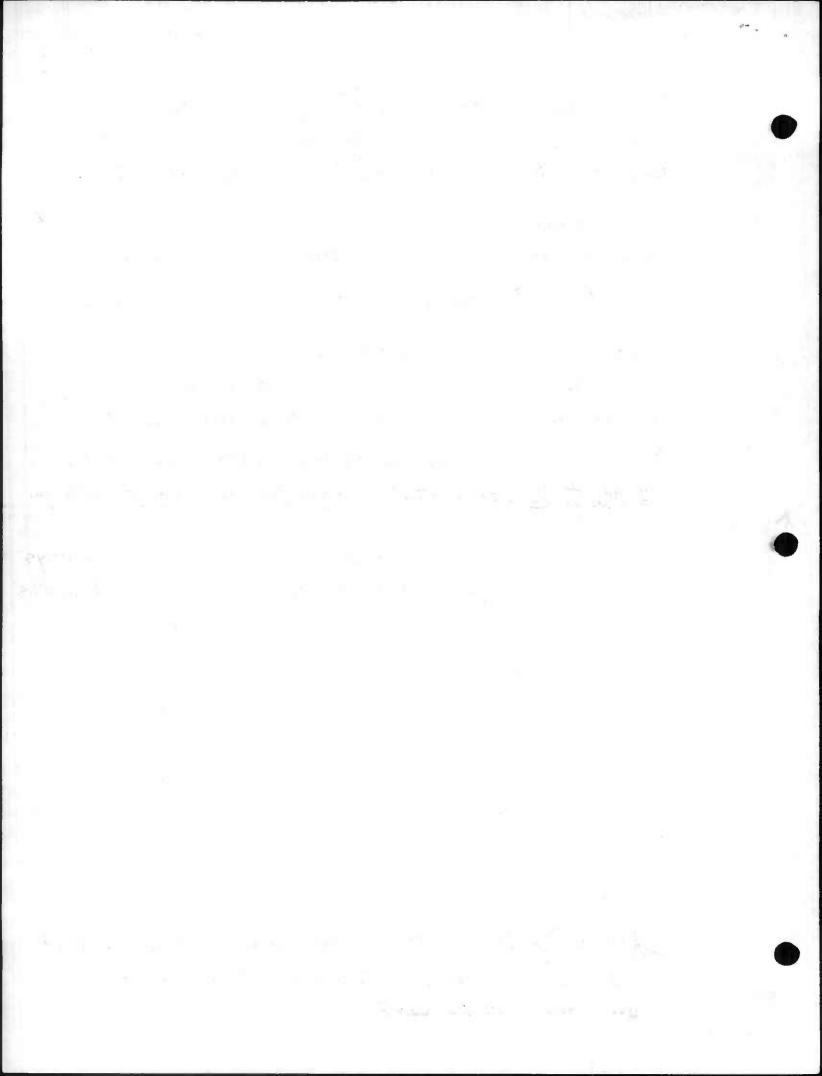
| | | | | | 115 | Ce | rtificate o | f Death | | Reg. No. | 31 | 16610 |
|------------------------------|---|------------------|---|---|---|---|--|---|---|------------------------------------|------------------------------|--|
| | Physic | | Decedent's Name (First, Middle Helen | e, Last) M | Selby | Y | | | 2. Dete of De May 19 | | Year | 3. Time of Death 5:15AM |
| | /Medi Exami | | 4a. Fecility Name (If not institution | | nber) | | | 4b. City, Town, o | r Location of Deet | th 4c. County | _ | |
| | | | 66 Circle Avenu | | | | | Indian H | | | rles | |
| | Funeral Director | | 5. Social Sacurity Number 578-03-4407 Usual Rasidence of Decedent | 6. Sex 1 ☐ M 2 ☑ F | 7. Age (In yrs 91 | : lest birthday) Yrs. | If Under 1 Yas Months Day | | n. (Month, De | rth ey, <i>Year</i>) 2,1905 | | ece (State or Foreign hington DC |
| 200 | ow m | | 10a. State 10b. County | | 10c. C | ity, Town or Lo | ocation | | | | 10 | Od. Inside City Limits |
| N. Carrier | the Marylar 28a-f ahow Colline at | tor | Maryland Charle | ≥s | Tr | ndian H | Secol | | | | | 1 ☐ Yes 25 No |
| di di | 23a or 28 | Funeral Director | 10e. Street and Number 66 Circle Avenu | e | | illan n | 10f. Zip Code | 2064 | 0 | 10g. Citizen of U. | What Count | ry? |
| :1215-0020 | ous and open with the Maryla 18, or items 23a or 28a-1 shot Experient manice colline at | | 11. Marital Status 1 Never Merried 2 Merr 3 Widowed 4 Divorced | 12. Was Dece Armed For 1 Yes If Yas, Give Year or Da | cas? 25 No | | Was Decedent of If Yes, specify Cu | Hispenic Origin? (ban, Mexican, Pue Spacify: | Specify Yas or Norto Rican, etc.) | o- 14. Rad Ble Specif | ca - Amarica ck, White, e | |
| 21215-0020 | tel Hygiene. d other than "natural", event, the Medical Exp | Completed by | 15. Deceden (Specify only highes Elamantary/Secondary (0-12) 8th | 's Education it grade completed) Collage (1- | 4or 5+) | | dent's Usuel Occ kind of work don DO NOT use ratio | upation e during most of we ed) | orking | 16b. Kind of B | | ustry |
| d | other other | Be C | 17. Fether's Nama (First, Middla, | | | 110 | IIICIIANEL | 18. Mother's Na | ame (First, Middle | Home , Meidan Sumen | | |
| Maryland | marked other than | To | Thomas L. Mar | c | | | | Agn | es Lee B | locksto | n | |
| Mar | and and | | 19e. Informant's Name/Reletions | | | | | et end Number or F | | | | Code) |
| 4 | Health Item 27 other tr | | Edith T. Semera 20a. Method of Disposition | ijian | 206 | | Circle A | venue In | | | | |
| Baltimor | 100 | | 1 ⊠ Buriel 2 □ Cremation 4 □ Donation 5 □ Other (S) | | | cometery, crer SULTEC | tion Cen | etery | Dete | 20c. Location Clinton | n, Mai | ryland |
| Ball | Department Important: I any Injury o | | 21. Signature of Puperal Service | icorton / | / | 6 | 2. Neme end Add | rass of Facility L Alexandr | ee Funer | al Home | Inc. | MD20735 |
| 68760, tificeta be executed | hysician lug bh/sician e as the parial-transit | Medical Examiner | Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last | . ac b. ac cer | Due to (| or as a consequence or as a consequence | quanca of): | Hear He | farche to Des | in, | 1 | |
| Box eth cer | attendin for use | lan | | U . | | | | 0 | | | | |
| P. P. | | Physician/ | Part II. Other elgnificant conditio | os contributing 10 des | ath but not res | sulting in the un | ndarlying cause g | iven in Part I. | | | | the cause of death? |
| Records, P.O | s been s 2 should | Completed by | Parker | roens | D. | ise | 20 | | 24a. Was | an eutopsy ormed? | con | re eutopsy findings Ilabia prior to Ipletion of cause eath? |
| E PE | ate he | Com | | | | | | | 10 | Yes 211No | 10 | Yes 2□ No |
| Vital | ertific ector, | Be | 25. Was case refarred to medical examinar? | | | | | | ath (Check only | ona) | | |
| Physic Physic | this o | 2 | 1 ☐ Yas 2 ☐ No | | | ER/Outpetien | I SLI DOA | | Home 5 12 Resi | | | |
| P Bult | After funer | lon | 27. Manner of Death 1 Waturel 5 □ Pending | | Injury , Dey Year) | 28b. Tima of Injury | W | ury at ork?] Yes 2 □ No | 28d. Describe | how injury occur | red | |
| Division tal or Attanding | within 24 hours after deeth. To the Funeral Director: After this certificate ha completely filled in by the funeral director, pege | Certification: | 2 Accident investig 3 Suicide 6 Could n 4 Homloida | ot be 28a. Place o | of Injury - At h g, etc. <i>(Speci</i> i | ome, farm, str | eet, factory, office | | 28f. Location (City or To | Street end Numb wn, Stete) | er or Rural | Route Number, |
| Hospi | 24 hou Funer etely fill | edicai | 29a. Certifier (Check only one) 1 Certifying 2 Medical E | Phyelcian: To the be xaminer: On the bes and manna | es of examina | owledga, death | occurred at the trestigation, in my | ime, dete and plac opinion, daath occ | e, and due to the urred et tha tima, | cause(s) end ma data and piece, | nner as sta end dua to t | ted. the cause(s) |
| o the | vithin Fo the | M | 29b. Signature and title of certifier | SITIATII Lina | A A | | 29c. Licer | se number | | 29d. Date algne | d (Month, D | lay, Year) |
| | > P 0 | | ▶ RALLE C | men | thes | Wo | De | 728 | 7 | May 19 | | |
| | | | 30. Name and address of person v | no completed cause hy M.D. | of death (Ith) | n 23a) (Type, Livings | Print) ston Roa | d Ft. Was | shington | MD 2074 | 4-510 | 0 |
| | Sta | te | 31. Deta filed (Month, Day, Year) | | | ature Ra | | | | | | |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Daath 3. Time of Death **Physician** Month Zane Ralph Shaeter 17, MAY 1997 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL Baltimore BALTIMORE CITY If Undar 1 Yaar 8. Data of Birth (Month, Dey, Year)
June 27, 1925 6. Sax 1 M 2 ☐ F If Undar 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days 210-12-1991 71 Yrs Director Penna. Usual Rasidenca of Dacedant 10a. Stata 10b. Count 10c. City, Town or Location ral", or frems 23a or 28a-f show Examiner rount be notified at 10d. Inside City Limits Director 1 ☐ Yas 2 No MD. Washington Hagerstown 10e. Street and Number 10f. Zlp Code 10g. Citizan of What Country? 13932 Sunrise Dr. 21740 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or frems 23a any Injury or other traumatic event, the Masser Example Trail Funerai 12. Was Dacedant Evar In U,S. Armed Forcas?
1 ⊠Yas 2 □ No IfYas, Giva Yaar or Detas: 1943 - 45 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, White, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yas 2 No þ Specify: 3 Widowad 4 Divorcad White. Completed 16a. Dacedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Restaurant Owner Food 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be Ralph C. Shaefer Ruth E. Ickes 19a. Informant's Name/Ralationship (Typa, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mary Jane Shaefer 13932 Sunrise Dr. Hagerstown, Md. 21740 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Burlal 2 □ Cramation 3 □ Ramoval from Stata Cedar Hill Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 5/21/97 Greencastle. Pa. 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility Zimmerman And Son Funeral Home Greencastle Pa. 23a. Part1. Entar tha disaasa, or complications that caused tha death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final anaphylaxis disaasa or conditior resulting in daath) Examiner Examiner mass sician and bunal-transit or Attanding Physician: The law requires that the death certificate be executed Sequantially list conditions, if any, leading to immadiata causa. Entar Underlying Cause (Disaasa or Injury Division of Vital Records. P.O. Box 68760. physician s the buria Physician/Medical that initiated avants rasulting in death) Last Dua to (or as a consequence of): been signed by the attending p should be detached for use es Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown þ Completed 24a. Was en autopsy performed? 24b. Wara autopsy findings availabla prior to complation of causa of death? page 2 1 Yas 1 ☐ Yas 2 ☐ No funeral director. Be 25. Was case rafarred to madical 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yas 2 No 1 ☑ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA this 27. Mannar of Deeth 28b. Time of 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how Injury occurred After 1 Naturel 5 Panding efter death. 1 Tas 2 No Invastigation 2 Accident 6 Could not ba datarmined 3 Suicida 28a. Placa of Injury - At homa, farm, straet, factory, offica building, atc. (Specify) Location (Straet and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicida 24 hours Hospital within 24 hou To the Fune completely fil 29a. Cartifian 12 Certifying Physician: To the best of my knowledga, daath occurred at the time, date and placa, and due to the cause(s) and mennar as stated. Medicai 2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. To the 29b. Signature and title of certifie 29c. Licansa number 29d. Data signed (Month, Day, Year) MD RES-000 May 17. Causa of death (Hem 23a) (Type, Print) Tower 110, Johns Hopkins Hospital 30. Name end eddrass of person who Aubrie 31. Date filed (Month, Day, Year)

MAY 1 9 1997 State Registrar

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First Middle Lest) 2. Dete of Deeth **Physician** Month David NMN SNYDER May 16, 1997 4:30 a.m. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Colton Villa Nursing Home Hagerstown Washington 7. Age (In yrs. lest birthday) | If Under 1 Year | If Under 24 Hrs. | Months | Devs | Hours | Min. 5. Sociel Security Number Birthplece (State or Foreign Country) 8. Date of Birth (Month, Dey, Year) Deys 1X M 2□ F 217-10-2745 83 Yrs Aug. 3, 1913 West Virginia Usual Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Hagerstown Washington Maryland 1 Nes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21740 USA 700 Georgia Avenue Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: white þ 3 ☐ Widowed 4 ☐ Divorced Specify: Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) material handler contractor 0 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) George R. Snyder Daisy Irene Shoemaker 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Charles R. Snyder - son 700 Georgia Ave., Hagerstown, Md. 21740 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removal from State Rose Hill Cemetery 5-19-97 Hagerstown, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Euperal Service Licenses 22. Name end Address of Fecility MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23e. Pert1. Enter the diseese, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset end Death Immediete Ceuse (Finel o. ATHERO SCLEROTIE CARDIOVASCULAROUSEASE
Due to (or es e consequence of): diseese or condition resulting in deeth) Examiner 54eous CHRONIE OBSTRUCTIVE AIRWAY DISEASE Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Physician/Medicai Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown none þ 24b. Were autopsy findings eveileble prior to completion of cause of death? Completed 24e. Wes en autopsy performed? 1 Yes 2 No Be 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28e. Dete of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Time of 28d. Describe how injury occurred (Month, Day NIA 1 Neturel 5 Pending Investigation 1 Yes 2 No NIA 2 Accident 3 Suicide 6 Could not be 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Exeminer: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. cal 29a. Certifier 29d. Date signed (Month, Dey, Year) 29b. Signature end title of certifier 29c. License number D28365 5-16-97 eth (Item 23e) (Type, Print) MANZAR 368 091LL STREBT HAGERSTOWN MOZITGO 31. Dete filed (Month, Day, Year) MAY 1 6

32. Registrar's Signature

State Registrar

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at

"natural",

12 should be filed within 7/ n and Mantal Hygiena. Is marked other than "ru

permit. Pagas 1 and 2 should be Departmant of Health and Mantal Important: If Itam 27 is marked on any Injury or other traumatic ev

Physician /Medical

Examiner

that the daath certificate be executed

Box 68760,

P.O.

Records,

Division of Vital

burial-transit

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After

Director: /

To the Hospital or within 24 hours aft To the Funeral Dir complately filled in

Hospital or Attending Physician: 24 hours after death.

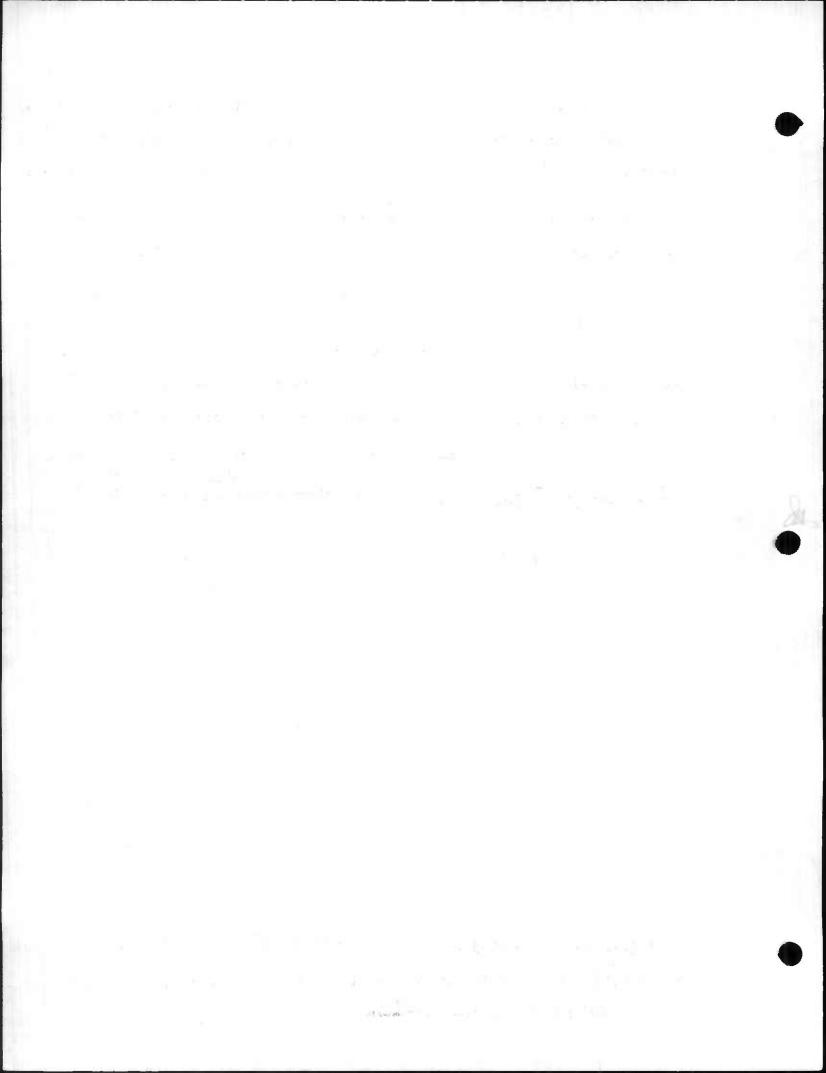
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attanding physician

the Maryland

daeth

Baltimore, Maryland 21215-0020



97-2583-510 jhm PAULINE SURA

Please Type or Print in Black indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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| CI | | | | | | Cert | ificate of | Death | | Reg. No. |) | 0013 |
|--|-----------------|----------------|---|---|---|------------------------------|-------------------------------------|--|-------------------------------------|--|--------------------------------|------------------------------------|
| | volois | | 1. Decedent's Name (First, Middle, L | ast) | | | | | 2. Dete of D | eath Dey | Yeer | 3. Time of Deeth |
| | ysicia Iedic | - | Pauline A | 11man | Suraci | | | | MAY | 10,199 | | 21:00 I |
| | amin | | 4e. Fecility Neme (If not institution, g | ive street end nun | nber) | | | 4b. City, Town, or L | ocation of Dee | th 4c. County | | |
| | | | 3916 CALVERT | ON DRIV | /E | | | Hyattsvi | 11e | PRIN | CE GI | EORGES |
| Fune Direc | _ | | 5. Sociel Security Number 6. 579-62-8877 Usuel Residence of Decedent | Sex 1□M 220F | 7. Age (In yrs. les 77 | t birthday) Yrs. | If Under 1 Yea Months Deys | | 8. Date of B (Month, D Aug.] | irth ley, <i>Year</i>) .0, 1919 | 9. Birthple Countr North | cce (State or Foreign) Carolina |
| pue Mc | | | 10a. Stete 10b. County | | 10c. City, 1 | Town or Loca | ation | | | | 10 | d. tnside City Llmits |
| ath with the Marylen 23s or 28s-f show | 2 | 5 | Maryland Prince | Coorgog | Штто | ttsvi | 11. | | | | | 1⊠ Yes 2□No |
| the 288 | Đị l | Director | 10e. Street end Number | ocorges | Пуа | CCSVI | 10f. Zip Code | | | 10g. Citizen of | What Countr | n/2 |
| with or | 2 | | 3916 Calverton I | riva | | | 207 | 0.2 | | USA | VIII.00 0001111 | ,. |
| leath re 2 | 2 | Funeral | 11. Merital Status | | dent Ever in U.S. | 13. W | | | ecify Yes or N | | ce - America | n Indian. |
| 21215-0020 d within 72 hours efter death with the Marylend giene. r than "natural", or items 23a or 28a-1 show | 8 | þ | 1 Never Married 2 Married 3 Widowed 4 Divorced | Armed For 1 Tyes If Yes, Give Yeer or Da | ces? 2 20 No | | Yes, specify Cut | Hispanic Origin? (Speen, Mexican, Puerto Specify: | Rican, etc.) | Specif. | ck, White, et | |
| 5-0 72 ho | 2 | Completed | 15. Decedent's | | 1 | 16e. Decede | nt's Usuel Occu | petion | dan | 16b. Kind of B | usiness/Indu | istry |
| within one. | See . | pje | (Specify only highest g | College (1- | -4or 5+) | life. Do | O NOT use retir | e during most of work ed) | ang | | | |
| d 212 filed with Hygiene. ther then | 2 | 5 | 12 | 5 + ` | | Reg | istered | Nurse | | Healtl | n Care | |
| | | Be | 17. Fether's Neme (First, Middle, Las | t) | | | | 18. Mother's Nem | e (First, Middle | e, Maiden Sumen | ne) | |
| arylan should be nd Mentel | | 2 | Dennis David All | man | | | | Georgia | Missour | i Murph | | |
| Lar 2 sho end is m | traumatic | | 19e. Informent's Neme/Reletionship | | | 19b. Mailing | Address (Stree | et end Number or Ru | ral Route Num | ber, City or Town | , Stete, Zip C | 2ode) |
| | 100 | | Teresa Suraci Sh | ea / Dau | - | | | ane Place | , Gaith | ersburg | , MD | 20879 |
| | | | 20a. Method of Disposition 1 ☐ Buriel 2 ØCremetion 3 | Bemovel from S | 20b. Plec | e of Disposi etery, creme | tion (Neme of story or other pla | ece) | Dete | 20c. Location | - City or Tow | n, Stete |
| Illimor | À | 4 | 4 Donation 5 Other (Spec | | Fort | Linc | oln Cre | matory 5 | /16/97 | Brentwo | od Ma | arvland |
| Baltimo | any ing | | 21. Signature of Funeral Service Lice | ensee | | 22. | Name end Addr | ress of Fecility Hir | es-Rin | aldi Fun | eral I | Home |
| 0 885 | 8 8 | | Mals 13 | M | _ | 11 | 1800 Nev | w Hampshir | e Aven | ue | | |
| | | 1 | Part1. Enter the discase, or con shock, or heart failure. List oni | mplications thet ca | used the deeth. | Do not enter | the mode of dy | oring, Mar | or respiratory | 20904 errest. | | Approximete |
| Physici | ian | 1 | shock, or heart ranges. List onl | y one ceuse on ee | ech line. | | | | | | | ntervel Between Onset end Deeth |
| /Medic | _ | | Immediate Cause (Final | NALT | 1 Cal /a/ | 00 | 7. | 26. 15 | 200 | _ | | |
| Examir | ner | Н | disease or condition resulting in deeth) | · Alha | sun | ONC C | | rashles | assay | 3 | | |
| | | ē | | | Due to (or e | s e consequ | ence of): | | | | j | |
| petn Figure | ansit | Examiner | | b. ——— | District to the second | | 1 0 | | | | - | |
| exect n enc | 191-161 | Exa | Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury | | Due to (or es | s e consequ | ence of): | | | | 1 | |
| tificate be executed ng physician end | | | Ceuse (Diseese or Injury thet initieted events | C | Due to fer or | | | | | | | |
| rtificating phy | 5 | Medical | resulting in deeth) Lest | | Due to (or es | s e conseque | ence ot): | | | | 1 | |
| | | | | d | | | | | | | - 1 | |
| | Ď. | Physician | Doet II. Other classificant conditions | a a stalle at a star star star | | to Management | (a di tana ana ana ana | No. 1. mark | not Di- | A balla la a a mora la co | | |
| the d | acue. | nys | Pert II. Other significant conditions | contributing to dea | ath but not resulting | ng in the und | enying cause g | IVEN IN PERI. | | | | the cause of death |
| T the die | 9 | | | | | | | | 11_ | Yes 2 No | 3 Proba | ibty 4 ⊠Unknow |
| OrdS requires een sign | | d by | | | | | | | 24a We | s en eutopsy | 24b. Wer | e eutopsy findings |
| Cord v requir been s should | nous : | Completed | | | | | | | perf | ormed? | com | leble prior to pletion of cause |
| d a so | 7 8 7 | E C | | | | | | | | | of de | eth? |
| The cate h | , page | | | | | | | | 1 | Yes 2 No | 10 | Yes 2□ No |
| Of VITAL Physician: The this certificate rai director page | 0100 | Be | 25. Wes case referred to medical exeminer? | Heavital | | | | 26. Piece of Deel | h (Check only | one) | | |
| Phys this c | 1 | 0 | 1 Yes 2 No | | patient 2 ER | | 3LI DOM | | | Idence 6 Oth | | |
| | | Certification: | 27. Manner of Deeth 1 Neturei 5 ☐ Pending | 28e. Date of (Month | n, Dey Year) 28 | Bb. Time of Injury | 28c. Inju | | 28d. Describe | how Injury occur | red | |
| S eat | 9 | cat | 2 Accident investigeting 3 Suicide 6 Could not | | | | M 1 | Yes 2 No | | | | |
| DIVISION i or Attending efter death. Director: Afte | 6 | | 4 Homicide determine | 286. Piece | of Injury - At home g, etc. <i>(Specify)</i> | , farm, stree | et, fectory, office | | | (Street end Numb own, Stete) | ber or Rural i | Route Number, |
| ospital hours e uneral C | 8 | | | | | | | | | | | |
| I 4 L 3 | pretery | edical | 29a. Certifier (Check only one) 1 ☐ Certifying P | hysician: To the t miner: On the bas end menn | sis of examinetion | dge, deeth o end/or inve | stigation, in my | ime, date end plece, opinion, deeth occur | end due to the red et the time | ceuse(s) end ma , dete end piece, | end due to t | ied. he ceuse(s) |
| To the To the Complete | 3 | 2 | 29b. Signeture end title of certifier | | | | 29c. Licen | se number | | 29d. Date signe | d (Month, De | ey, Yeer) |
| 1 | 5 | | 1/2 | X | | | oc | ME | | MAY 1 | 1, 19 | 97 |
| | | | 30. Neme engleddress of person who | completed cause | of deeth (Item 23 | a) (Type, Pr | | dead | | | , 20 | |
| | | | A.M.S | Marx | | | | reet, Ba | altimo | re Mai | rvlan | d 21201 |
| | State | e | 31. Dete filed (Month, Day, Yeer) | 32. Fje | | | | LCCC, DC | AT CHILO | LC, Hui | | ~ 21201 |
| | jistra | | MAY 1 5 19 | 97 3 | gistrar's Signature | n-Hands | مالا | | | | | |

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death **Physician** 12:00 PM May 11, 1997 Salvatore Joseph Segreti /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner Spa Creek Center - Genesis Health Care Anne Arundel Annapolis 5. Sociel Security Number If Under 1 Year If Under 24 Hrs.
Months Devs Hours Min. Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** Months Deys 12XM 2□ F 577-03-1123 Yrs Director 83 Washington DC Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f shot traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Maryland Anne Arundel Annapolis 10e. Street end Numbar 10f. Zip Code 10g. Citizen of What Country? 942 Beacon Way 21401 USA Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 14. Rece - American Indien, Bleck, White, etc. 11. Meritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Peges 1 and 2 should be filled within 72 hours after c Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumetic event 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Yes 2₺ No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Clerk Retail 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Gregory Segreti Maria Pate 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Clara H. Segreti 942 Beacon Way, Annapolis, Maryland 21401 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 ☑ Buriel 2 ☐ Cremetlon 3 ☐ Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) 5/15/97 Brentwood, Maryland Ft. Lincoln Cemetery 22. Name end Address of Fecility
Francis J. Collins Funeral Home, Inc. 21. Signeture of Funeral Servica Licansee MD 20901 500 University Blvd.W. Silver Spring, . Enter the disease, or com plications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, one cause on each line. **Physician** /Medical Immediate Ceuse (Final Due to (or es e consequence of):

hormal PRESSURE HYDROCE disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificete be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest and the ettending physician hed for use as the burie Physician/Medical Due to (or es e consequença of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of deeth? ate has been signed by page 2 should be detec 1 Yes 2 No 3 Probably 4 Unknown INABILITY TO EATOR DRINK & DEHYDRATION þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? this certificate has 1□ Yes 2 No 1 ☐ Yes 2 ☐ No lal or Attending Physician: The stee death.

Is effer death.

In Director: After this certificate ed in by the funerel director, pa Be 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Menner of Deeth Certification: Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital c within 24 hours e' To the Funeral D completely filled Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner es steted.

Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end menner stated. Medical 29a. Certifier 29b. Sighatu 29c. License number 29d. Dete signed (Month, Dey, Year) Bredical Parkway, CLW, MD 200 32. Registrates Signal Villan

State Registrar 31. Dete filed (Month, Dey, Year)

21215-0020

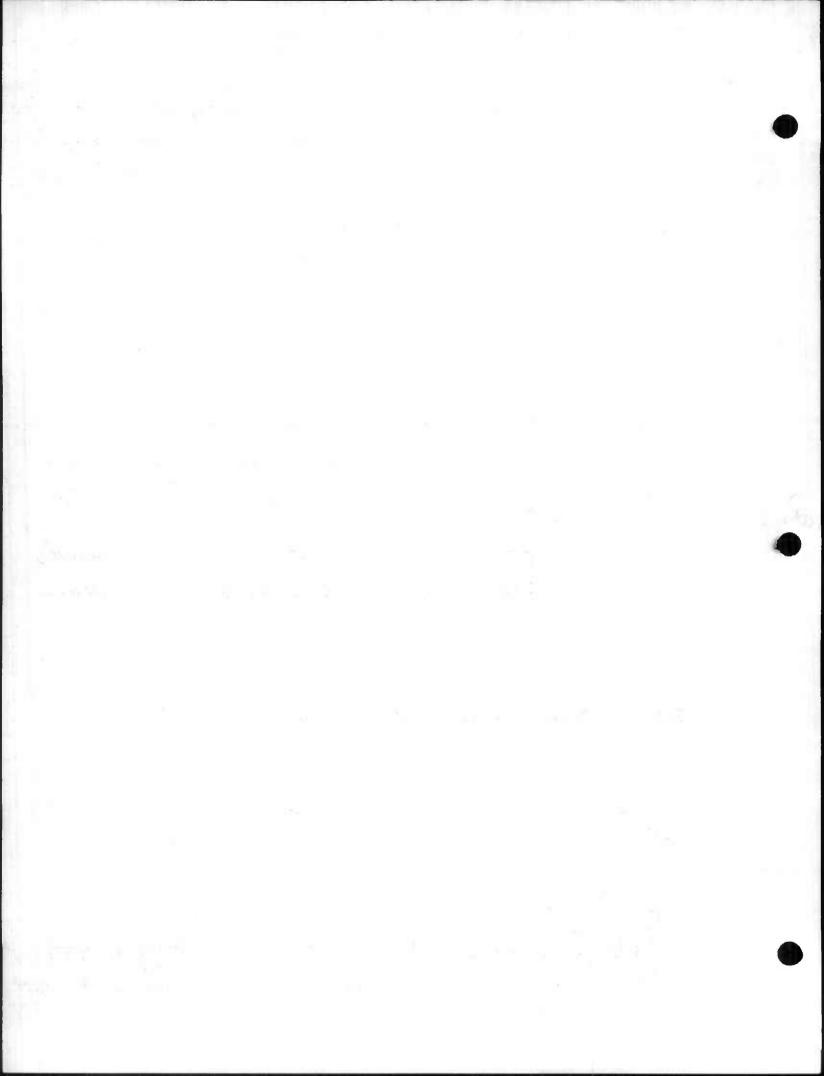
Baltimore, Maryland

Box 68760.

P.O.

Records,

Division of Vital



State of Maryland / Department of Health and Mental Hygiene

| | | | | | Cer | tificate o | f Death | , | Reg. No. | 1 16615 |
|---|------------------|---|---|----------------------|-------------------------------|---|--|---|----------------------|--|
| Dhuais | ion | Decedent'a Nama (First, Middi | e, Last) | | | | | 2. Date of De | | 3. Time of Deal |
| Physic /Med | | Gertrude | S. | Spil: | lman | | | May 6, | 1997 | 5:35pm |
| Exam | | 4a. Facility Nama (If not institution | | | | | 4b. City, Town, o | r Location of Deat | h 4c. Count | ty of Death |
| | , | Hebrew Home of | | | | | Rockvi | | Monte | gomery |
| Funera Director | | 5. Social Sacurity Number 049–32–7224 | 6. Sex 7. A | ge (In yrs. la 84 | Yrs. | If Under 1 Yas Months Day | | | 1913 | 9. Birthplace (State or For Country) New York |
| and * | | Usual Residence of Decedent 10a, Stale 10b, County | | 10c City | Town or Lo | cation | | | | 10d. Inside City Lin |
| daryti f sho | 6 | MD Mont | gomery | | ckvi11 | | | | | 1 ☐ Yes 2 🔀 |
| 1he h | Director | 10e. Street and Numbar | ,gomer, | 1101 | PICATTI | 10f. Zip Code | | | 10a Citizen of | Whet Country? |
| ath with | rai Di | 6121 Montrose | | | | 20852 | | | USA | |
| dwithin 72 hours effer death with the Manyland glene. sr than "natural", or items 23s or 28s-f show the Madical Examiner must be notified at | by Funeral | 11. Marital Status 1 □ Never Married 2 □ Marr 3 🌁 Widowed 4 □ Divorced | W Von Cino | ? No | | Vas Decedent o Yes, specify Co | f Hispanic Origin? uban, Mexican, Puo o Specify: | (Specify Yes or No erto Ricen, etc.) | Speci | ce - American Indian, ack, Whita, etc. White |
| 72 h | Completed | 15. Deceden (Specify only higher | t's Education st grade completed) | | 16a. Deced (Give | ent's Usual Occ | upation le during most of w red) | orking | 16b. Kind of E | Business/Industry |
| within ene. then | mpi | Elementary/Secondary (0-12) | Coilege (1-4or | 5+) | | <i>io NOT</i> use <i>reti</i> e Wife | red) | | Own I | Homo |
| Y (0) - | ပိ | 12 17. Fathar's Nama (First, Middle, | (ast) | | -1000 | C MIIC | 18 Mother's N | ame (First, Middle | | |
| d la b | Be | Eli Dosik | Lasij | | | | Sarah | | , Maiden Surna | me) |
| nd 2 should be file lith and Mental Hy 27 Is marked other traumatic event | To | 19a. Informant's Name/Relations | hin (Tune Print) | | 10h Mailin | n Addross (Stre | | | or City or Tour | n, State, Zip Code) |
| nd 2 s lth ar lth ar | | Susan Chapman- | | | | | | | | , MD 20874 |
| s 1 and 2 should f Health and Men fem 27 Is marke other traumatic | | 20a. Malhod of Disposition | Daugiloei | 20b. Pla | ce of Dispos | sition /Name of | | Date Date | | - City or Town, State |
| permit. Peges 1 end Department of Health Important: If item 27 any Injury or other to once. | | 1 ☐ Burial 2 🔀 Cremation 4 ☐ Donation 5 ☐ Other (S | | | | ort Cren | | 5/9 | Alexan | dria, VA |
| permit. F Departm Importar any Injur | | 21. Signature of Funeral Service | | | | Nama and Add | | | | alla, ili |
| Depa Impo any l | | 1.63 | 0 | | | | gel Fune | | | |
| | | 23a. Part1. Entar the disease, of shock, or heart failure. List | complications that cause | nd tha death | Do not ente | 91 Rock | ville Pil | ce Rockvi | lle MD | 20852 Approximete |
| Physician | | shock, or heart failure. List | only one cause on each | line. | | | , | | , | Interval Between Onset and Death |
| /Medical | _ | Immadiate Cause (Final | METI | TSTA | TIC. | PA | Deillow | 4 05 | 1 114 | 10 months |
| Examiner | | disease or condition resulting in death) | a. 1012// | | | | RETRUMI | 1 OF | LUN | I MONTH |
| | ē | | | Due to (or | as a conseq | dence or): | | | | |
| certificete be executed nding physician and use es the buriel-transit | Medical Examiner | Sequentially list conditions | b | Due to (or | as a consequ | uence of): | | | | |
| ficete be exection and physician are set the buriel-to | EX | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury | | | | | | | | |
| ate be nysici | ca | Cause (Disease or Injury that Initiated events resulting in death) Last | c | Dua to (or a | as a consequ | ience of): | | | | |
| | Med | rosuming in county cust | 110 | | | | | | | |
| eath cer ettendin for use | Physician/N | | d | | | | | | | |
| 0 0 0 | Sic | Part II. Other significent condition | ns contributing to death | but not result | ting In the un | darlying cause | given in Part I. | 23b. Dld | tobacco usa co | ontribute to the cause of de |
| res that the de signed by the e | Phy | CHRONIC | 1. VM DHA | TIP | 1 2 | EUNE | mIA | 1790 | Yes 2 No | 3 Probably 4 Unkn |
| signe bed | by | | 2/1-1/1/1/ | ,, _ | 200 | 1700 | ,,,, | - | | |
| The law requires that the ste has been signed by the page 2 should be deteched. | Completed | CHRONIC | 1 ARTE | ERY | カノ | SEAS | F | | an autopsy ormed? | 24b. Were autopsy finding available prior to completion of cause |
| has b | npi | | | | | ,, , | | | | of death? |
| | | | | | | | | 10 | Yes 2 No | 1 ☐ Yes 2 ☐ No |
| iclan certifi rector | Be | 25. Was cese referred to medicel examiner? | Hospital: | | | | Whore | eath (Check only o | | |
| Physician: The law this certificete has ral director, page 2 | ₽: | 1 ☐ Yes 2 ☑ No 27. Manner of Deeth | 1 L Inpat | | R/Outpatient 28b. Time of | 3LI DON | | Home 5 ☐ Resi | dence 6 Dot | |
| After After funer | tion | 1 Maturai 5 ☐ Pendin | | ay Year) | Injury | 28c. In W | ork? ☐ Yes 2 ☐ No | 200. Describe | now injury occu | 1190 |
| or Attending efter deeth. Director: After | Certification: | 3 Sulcide 6 Could | not ba | niury - At hon | ne farm stre | eat, factory, offic | | 28f. Location / | Street and Num | ber or Rural Route Number, |
| or A effer Direct | ert | 4 ☐ Homicide determ | building, e | tc. (Specify) | 70, 10,111, 0,110 | at, lactory, onle | | City or To | | |
| To the Hospital or Attending I within 24 hours efter death. To the Funeral Director: After scompletely filled in by the funeral | edicai C | (Uneck only 2 Medical | g Physician: To the best Examiner: On the basis of | of examination | iedge, death on and/or inv | occurred el the estigation, in my | time, date and pla | ce, and due to the curred at the time, | ceuse(s) and m | nanner as stated. , and due to the cause(s) |
| thin 2 the mple | Med | 29b. Signature and the of certified | and manner s | tated. | | 20c Lico | nse number | | 29d Date sign | ed (Month, Day, Year) |
| | |) John Contine | - 4 | | 4.4 | | | 2- | | |
| 5 | | Bu | - dil | 200 | n Mi | | 0088 |) | 0/16 | 2/97 UE, MD |
| | | 30. Name and eddress of person | who completed ceuse of LIPS DN | death (Item 2 | 23a) (Type, F | Print) | 200 | DD D | ~ × 1/1 | UE MID |
| | | STEVEN | 20 Bogiet | anda Cianati | | | 150 | ry, re | CAVIL | Let, my |
| St Regist | ate | 31. Date filed (Month, Day, Year) | 3 1997 Negis | ar's Signatu | idson-A | Indelle. | | | | |

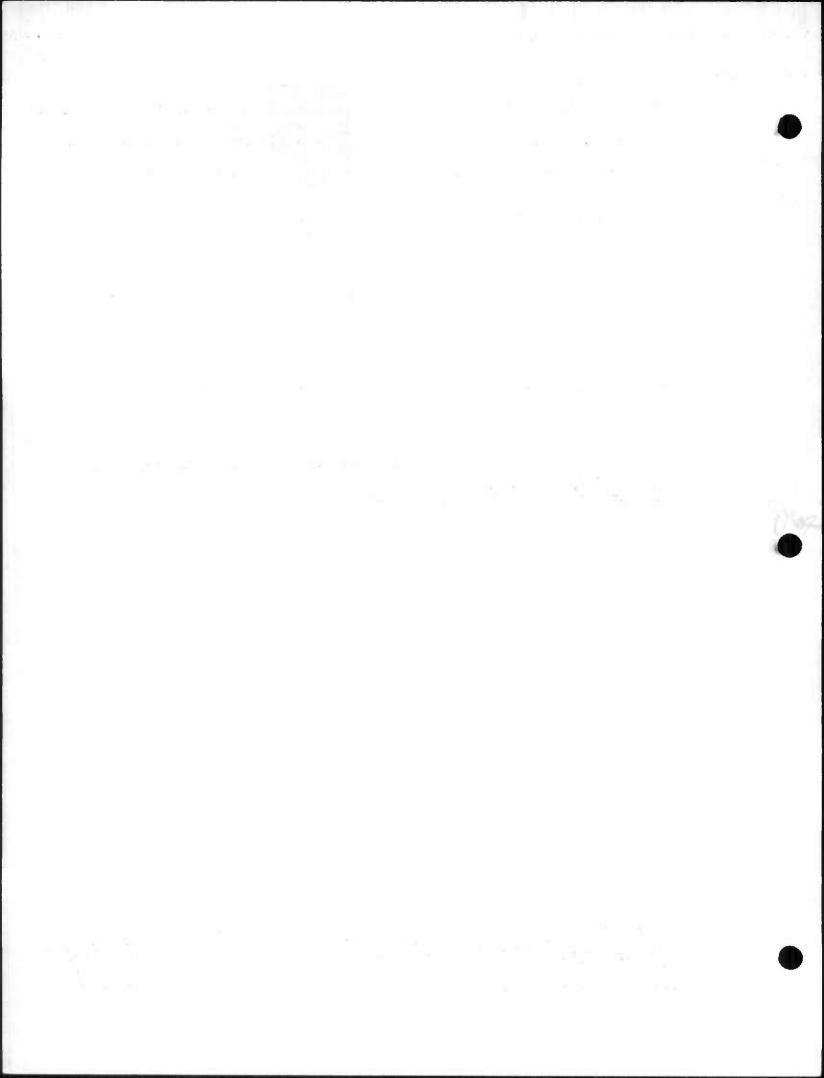
State of Maryland / Department of Health and Mental Hygiene 97 16616

| | | | | | Ce | rtificate of | Death | Re | g. No. | 10010 |
|---------------------|--|-----------------|---|---|-----------------------------------|---|---|--|--------------------------------------|--|
| | | | 1. Decedant's Nama (First, Middla, La | est) | | | | 2. Data of Daath | 1 | 3. Tima of Death |
| J | Physic /Medi | | Melvin | L. Sanders | 5 | | | May 13 | , Day 1997 | 8:50 a. |
| 8 | Exami | | 4a. Facility Nama (If not institution, gi | ve street end number) | | | 4b. City, Town, or | Location of Daath | 4c. County of | Death |
| | | | Montgomery Ge | | tal | | Olney | | MONTG | OMERY |
| 1 | Funeral Director | | | Sax 7. Aga (In yrs | s. lest birthday) Yrs. | Months Days | | | , 1915 | Birthplaca (State or Foraign Country) Maryland |
| | yland | | 10a. Stata 10b. County | 10c. C | City, Town or Lo | ocation | | | | 10d. Insida City Limits |
| | Mar a-f ab | ctor | MD Prince | Geo. | Hyat | tsville | 9 | | | 1 XYas 2 □ No |
| | th with the 23a or 28 | ai Director | 10e. Straat and Number 3450 Toledo T | errace | | 10f. Zip Coda | 20782 | 10 | u.S. | |
| 020 | 72 hours efter death with the Maryland "natural", or items 23a or 28a-f show effect Examiner must be notified at | by Funerai | 11. Marital Status 1 Navar Married 2 Marriad 3 M Widowad 4 Divorced | 12. Was Decedant Evar in Armed Forcas? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: | | Was Dacedant of If Yas, specify Cult 1 ☐ Yas 2 ☐ So | Hispanic Origin? (Span, Maxican, Puar Specify: | Specify Yas or No- to Rican, atc.) | | American Indian, Whita, atc. Black |
| 5-0 | n 72 ho "natur | Completed | 15. Decedant's E (Specify only highest gr | ducation eda completed) | 16a. Dece | dant's Usual Occu | pation during most of wo | orkina 1 | 6b. Kind of Busin | nass/Industry |
| 121 | hen a | mpi | Elementery/Secondery (0-12) | Collage (1-4or 5+) | | | during most of wo | Annag | II C / | Z |
| 42 | be filed withintal Hygiene. d other than | ပိ | 17. Fathar's Nama (First, Middla, Lasi | 2 yrs | 50 | perviso | | ma (First, Middle, M | | Government |
| an | | o Be | George Sander | | | | | Minnie O | | |
| Maryland 21215-0020 | s 1 and 2 should be filed v f Health and Mental Hygie flem 27 is marked other t other treumatic event, II | To | 19a. Informant's Name/Ralationship Edward Richar | Type, Print) | | | t end Number or R | ural Route Number, | City or Town, St | ete, Zip Code) MD 20904 |
| e, | Heal Heal tem 2 | | 20a. Method of Disposition | | Placa of Dispo | osition (Neme of | T | | | ty or Town, Stata |
| Baltimore, | permit. Pages 1 end 2 Department of Health a Important: If item 27 is any injury or other tre | | 1 Donation 5 Other (Speci | (y) Ha | armony | | ial Pk | 5/16/97 | | |
| Bal | Departimon Important International Internati | | 2) Signature of Funeral Service Lice | 1 | S | 2. Nama and Addr NOWDEN | FUNERAL | HOME, | P.A. | |
| | | | 29a Part I. Enter the disease, or con shock, or heart failure. List only | plications that causad the das one cause on each line. | ath. Do not an | ROCKVILI tar tha moda of dy | 마, MD Ing, such as cardia | 20850 c or respiretory arra | st, | Approximate interval Batwean |
| | Physician | | / | - | | | | | | Onsat and Death |
| 1 | /Medical Examiner | | Immediata Causa (Fina) disaase or condition rasulting in deeth) | . Del | 1519 | , | | | | 73 months |
| | | - | Tooking in dooring | Due to | (or as a conse | quenca of): | | | | |
| | and transit | Examiner | Sequentially list conditions, | b. Dua to (| or as e consec | quanca of): | | | | |
| 60, | be ex ician burial | | Sequantially list conditions, if any, leeding to Immadieta cause. Enter Undarlying Ceusa (Disaasa or injury that Initiatad avents | C | | | | | | |
| ox 68760, | eath certificate be executed attending physician and for use as the bunal-transit | VMedicai | resulting in death) Lest | Dua to (| or as a consac | quanca of): | | | | |
| . Bo | death e atten | iciar | Part II. Other significant conditions of | contributing to death but not re | sulting in the u | indartylna causa di | iven in Pert I | 23h Did toh | ecco use contri | bute to the causa of death? |
| P.0 | the y th | / Physician/ | cardiom | repathy | outing in the u | ilidanying dadsa gi | van in rait i. | 1 🗆 Ye | | Probably 4 Unknown |
| Records, | aw requires is been sign 2 should be | Completed by | - 6 | 0 1 | | | | 24a. Was an perform | | 24b. Wara autopsy findings available prior to completion of causa of daath? |
| | 0 - 5 | E O | | | | | | 1 ☐ Yas | 2 No | 1 Yas 2 No |
| Vital | ysicien: The is certificate director, pag | Be | 25. Was casa rafarrad to medical | | | | 26. Placa of Da | ath (Check only one |) | |
| of V | 5 00 | To | axeminer? 1 ☐ Yas 2VI No | Hospital: 1 ☐ Inpatiant 2 ☐ | ☐ ER/Outpatier | nt 3 DOA | har: 4 Nursing I | Home 5 ☐ Rasidar | nca 6 Othar | (Specify) |
| no | ing Ph | | 27. Mannar of Death Netural 5 ☐ Pending | 28a. Data of Injury (Month, Day Yeer) | 28b. Tima o Injury | Wo | ork? | 28d. Dascribe hov | w Injury occurred | |
| Division | To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi compietely filled in by the funeral | Certification: | 2 Accident Investigatio 3 Suicide 6 Could not be 4 Homicide determined | 0 One Diese of Leise. Ash | noma, farm, str | - | Yes 2 No | 28f. Location (Stre City or Town, | eet end Number State) | or Rurel Route Number, |
| Ω | oltal or ours afte oral Olr | | 00-0-1 | | | | | | | |
| | To the Hospital Within 24 hours of To the Funeral I completely filled | edical | 29a. Certifier (Check only one) Certifying Property 2 Medical Example 1 | nysician: To the best of my kniner: On the basis of exeminand manner stated. | owledge, deeti ation and/or In | h occurrad at the ti vastigation, in my | ime, dete and plece opinion, deeth occi | e, and dua to tha cau urred at tha time, de | usa(s) and mann te end plece, end | er as stated. I due to tha causa(s) |
| | Tot Tot | Σ | 29b. Signature and title of captifiar | 1,10 | | 29c. Lican | sa number | 7 29 | Data signed (| Month Dey, Yeer) |
| | 7 | | mau & | law mo | | 1): | SLTI | | lay / | 3 1991 |
| | | | Nama and addrass of person who | complated cause of death (Ita | m 23a) (Type | ED RGI | A ANENI | UE 101 | onton | 110 20902 |
| | Sta | te | 31. Data filad (Month, Dey, Yaer) | 32. Ragistrar's Sign | atura C | CUPET | TIVEN | wh | cu' air, | 41 20 102 |
| | Registr | | MAY 1 4 | 1997 Julia D | evidson-1 | Bridale | | | | |

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

| Important: If item 27 is marked other than "naturel", or items 23s or 28s-1 show any injury or other traumatic event, the Medical Example must be notified at contract and another traumatic event, the Medical Example must be notified at contract and another traumatic event, the Medical Example must be notified at contract and another traumatic event. To Be Completed by Funeral Director | 4- 5 | ewart , Jr | | | | 4b. City, To | wn, or Lo | 2. Dete of De Month May 8 cation of Deet | 1997 | Year of Death | 3. Tima of Death 2:03 P.N |
|---|--|----------------------------------|----------------------|---------------|--|------------------------------|-------------------------|---|----------------------------|-------------------------|---|
| Examiner uneral rector | 4a. Facility Neme (If not institution 11504 Chantil 5. Sociel Security Number | n, give street and num | | - | 1 | 4b. City, To | wn, or Lo | | | of Death | 2:03 P.F |
| uneral rector | 11504 Chantil 5. Soclei Security Number | The second second second second | iber) | | | 4D. City, 10 | WII, OI LO | Cation of Deet | 4c. County | of Death | |
| rector | | | | | | Mitch | ellv | ille | Princ | e Geo | orges |
| | 229-09-8315 | | 7. Age (In yrs. las | t birthdey) | If Under 1 Yeer Months Deys | | 24 Hrs. Min. | 8. Dete of Bir | th Veer | 9. Birthp | lece (State or Foreig |
| cutted at | | 1ÅM 2□F | 78 | Yrs. | WORKITS DOYS | Hours | IVIII I. | Sept. | th by, Year) 1, 1918 | Vi | rginia |
| start sho cutted a | Usuel Residence of Decedent 10a. Stete 10b. County | r - | 10c. City. 1 | Fown or Lo | cation | | | | | 1 | 0d. Inside City Limit |
| | Maryland Princ | e Georges | | | ville | | | | | · | X Yes 2 N |
| S 등 | 10e. Street end Number | | | | 10f. Zip Code | | | | 10g. Citizen of V | | |
| rai | 11504 Chantill | | | | 2072 | | | | United | | |
| r floms 234 direc must Funeral | 11. Meritel Stetus 1 □ Never Merried 2 ☑ Mer | Armed For | | 13. V | Ves Decedent of Yes, specify Cul | Hispanic Ori oen, Mexican | gin? (Spe , Puerto i | city Yes or No Rican, etc.) | - 14. Hec Bied | e - Americ k, White, | an Indien, etc. |
| by F | 3 ☐ Widowed 4 ☐ Divorced | H Ves Giv | 9 | 1 | ☐ Yes X☐ No | Specify: | | | Specify | Bla | ack |
| ted ted | | nt's Education | | 16a. Deced | ent's Usuel Occu | petion | | | 16b. Kind of Bu | siness/Inc | dustry |
| r, the Medical Completed | Elementery/Secondery (0-12) | est grade completed) College (1- | -4or 5+) | life. E | kind of work done OO NOT use retin | during most ed) | of workii | ng | | | |
| Con | 12 | | | Prin | ter | | | | Govern | nment | |
| Be Be | 17. Fether's Neme (First, Middle, | | | | | 18. Mothe | r's Neme | (First, Middle | , Meiden Sumem | ie) | |
| To ation | Jefferson Stew | art, Sr. | | | | | | Garli | | | |
| E E E | 19e. Informent's Neme/Relations | | | 19b. Meilin | g Address (Stree | t end Numbe | r or Rura | I Route Numb | er, City or Town, | Stete, Zip | Code) |
| m 27 | Joan Botts, da | ughter | | | Leisure, | Atlar | ıta, | | | | |
| or re | 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion | 3 Removei from 5 | | etery, crem | sition (Neme of netory or other pla | ece) | | Dete | 20c. Location - | City or To | wn, Stete |
| lury or o | 4 Donetion 5 Other (S | Specify) | | ar Hil | ll Cemet | ery | 5 | /12/97 | Suitlar | nd, M | aryland |
| any in | 21. Signature of Funever Service | Licenson / | 2 | | Neme end Addr CGuire F | | | ard on | Tan | | |
| 588 | W 100 11 | 1119. | m | | | | | | ashingto | n. D | . C. |
| | 23e. Pert1. Enter the disease, or shock, or heert feilure. List | r complications that ca | used the deeth. | | | | | | | | Approximate Intervel Between |
| sician | | | | | | | | | | - | Onset end Deeth |
| edical miner | Immediate Ceuse (Final disease or condition | Te | rminal | 2. 1 | anler | 17 (| des | n w | H | | 7 well |
| | resulting in deeth) | 0. | Due to (or e | | | 1 | 1 | | | | 1 |
| sit elle | | The strain | etas | ton | n of | - | IV | M | | 1 | |
| nding physicien and use as the buriel-trensit | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying | | Pue to for a | s a consequ | uence of): | | | | | | |
| burie al | | c | ANA | enle | nor | _ | | | | | 7100 |
| se es the bu | thet initieted events resulting in death) Lest | | Die to (or as | s e consequ | rence of): | 1 | | | | į | |
| ding se es | | d | mer | 0/2 | To | Mh | | | | | >200 |
| m | | | | U | | | | | , | | |
| oby the attended for une the physician | Pert II. Other significant condition | ons contributing to de | ath but not resultir | ng in the un | iderlying cause g | iven in Pert I. | | | ./ | | the cause of deati |
| | | | | | | | | 10 | Yes 2 No | 3 Prot | oably 4 🗆 Unkno |
| and be c | | | | | | | | | an eutopsy | | ere eutopsy findings |
| should should | | | | | | | | perfo | ormed? | COL | elleble prior to mpletion of cause deeth? |
| Completed | | | | | | | | 10 | Yes 2Ñ No | - | Yes 2 No |
| rector, pa | 25. Wes case referred to medica | 1- | | | | OR Diose | of Dooth | | | | 2010 |
| director. | exeminer? | Hospitel: | patient 2 ER | VOutpetient | 3 DOA O | hor: | | (Check only | dence 6 Oth | or (Canaih | ul |
| funeral di | | 28e. Dete o | f Injury 28 | 3b. Time of | 28c. Inju | iry et | | | how injury occur | | // |
| e fun | 1 Neturei 5 Pendir 2 Accident investi | 18 | n, Dey Year) | Injury | | ork?]Yes 2.∐l | Vo | | | | |
| In by the funera | 3 Suicide 6 Could | rined Zee. Piece | of Injury - At home | e, ferm, stre | et, factory, office | | 2 | | Street end Numb | er or Rura | l Route Number, |
| d in | | buildin | g, etc. (Specify) | | | | | City or To | wn, Stete) | | |
| completely filled in by the funeral | | ng Physician: To the i | est of my knowle | dge, deeth | occurred et the t | ime, dete en | d pleca, e | end due to the | ceuse(s) end me | nner es si | teted. |
| pletely fill edical | (Check only 2 Madical one) | Examinar: On the balend menn | | end/or inv | estigetion, in my | opini <i>on</i> , deel | th occurre | ed et the time, | dete end place, | end due to | the cause(s) |
| C 92 | 29b. Signature and tiple of pertitle | | N 1 | 11 | 29c. Licen | se number | | | 29d. Date signer | Morith, | Day, Year) |
| M Com | Ma Wa. | MMA | 12/4 | Would | Pin I | 1-24 | 15: | >> | 51 | 12 | 197 |
| 4 | 1/4/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1 | | - / / | -11-11-11 | 1000 1 | , , | | | | | |
| | 30. Neme end eddress of person | who completed ceuse | of death Allem 23 | 3e) (Type, F | rint) b | n al a | | - | | | |
| | 30. Name and address of person | who completed ceuse | of death Allem 23 | 3e) (Type, F | orint) on | MCH | AV | i, c | 111170 | NI | ud |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** 14: 36 LENA Siriwardena /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Holy Cross Hospital Silver Spring, If Undar 24 Hrs. 8. Data of Bi Montgomery 5. Social Security Number If Under 1 Yaar 6. Sex 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (Stata or Foraign Country) **Funeral** Months 1□ M 2☑ F Days Hours Min. Yrs Director 218-08-6913 93 Dec. 9, 1903 Sri Lanka Usual Residance of Decedant with the Maryland worde ! 10a, Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits r than "naturel", or items 23s or 28s-f ehor the Medical Examiner must be notified at 1 X Yas 2 □ No Director Maryland Montgomery Rockville 10e. Straat and Number 10f. Zip Coda 10g. Citizen of What Country? 1720 Yale Place United States Funeral 20850 death 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ② No If Yas, Giva Year or Datas: 14. Race - Amaricen Indian, Black, Whita, atc. 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Ricen, etc.) 1 Navar Married 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify þ 3 ☑ Widowad 4 ☐ Divorced Asian Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 16b. Kind of Businass/Industry 15. Dacedant's Education (Spacify only highast grada complated) permit. Peges 1 and 2 should be filed withir Department of Health and Mentel Hygiene. Important: if Itam 27 is marked other than any injury or other traumatic event, trails marked. Elementery/Sacondary (0-12) College (1-4or 5+) Homemaker 12 Own Home 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nema (First, Middla, Melden Sumeme) Be Peter Jayawardena Sophia M. Wirasinghe-Amarasekera 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) 1720 Yale Place, Rockville, MD 20850 Therese Perera (Daughter) 20b. Place of Disposition (Nama of cematery, crematory or othar place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 5/13/97 Silver Spring, MD 4 Donation 5 Othar (Spacify) Gate of Heaven Cemetery 22. Nama and Addrass of Facility 21. Signature of Funeral Sarvice Licensee DeVol Funeral Home 10 East Deer Park Drive 23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death **Physician** /Medical immediate Ceusa (Final diseasa or condition resulting in death) Examiner Due to (or as a consequence of): Examiner HIP signed by the attending physician end d be detached for use es the burial-transit be executed Sequantially list conditions, if any, leading to immadiata ceuse. Enter Undarlying Causa (Disaasa or injury Dua to (or as e consequance of): e our-S Box 68760, Due to (or as a consequence of): Physician/Medical that Initiated avants rasulting in death) Last P.O. Part II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Dnknown Records. þ cate has been signed bege 2 should b 24b. Were eutopsy findings available prior to completion of cause of daath? Completed 24a. Was an autopsy 1 Yas 2 No 1 Tas 2 DINO Division of Vital Be 25. Wes cesa rafarred to medical 26. Place of Death (Chack only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Other (Specify) Hospital: 2 ER/Outpetient 3 DOA 2 TO Yes 2 No this 28a. Data of Injury (Month, Dey Year) 27. Mannar of Deeth 28c. Injury at Work? 28b. Tima of 28d. Dascribe how Injury occurred Certification: To the Hospital or Attending I within 24 hours after death.
To the Funerel Director: After Injury 5 Panding Invastigation 1 Natural 1 Yas 2 No 1997 Jell 2 Accidant the 6 Could not be determined 3 Suicida 28f. Location (Straat and Number or Rusal Route Number) (e City or Town, Stata) Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 6 4 Homicida 1720 Certifying Physician: To the bast of my knowledge, death occurred et the time, dete and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated.

29c. Licansa number

8.5 18 co 12 con 8 100

D08546

29d. Date signed (Month. Day, Year)

(Se (Wonds

May

SUA

State

Medical

(Check only

29b. Signature and title of certifiar

Registrar

and & ber MAY 1 4 1997 31. Data filad (Month, 32. Ragistrar's Signatura Julia Davidson-Randesse

30. Nama and eddrass of person who completed ceusa of death (Item 23a) (Type, Print)

Der 2

The second second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Deeth Month Yaar Trauss wa 1997 4b. City, Town, or Location of Death 4c. County of Death SILVER SPRING MONTGOMERY 7. Aga (In yrs. last birthdey) If Undar 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 1 XM 2□ F Days Yrs.

1. Dacedant's Nama (First, Middle, Lest) **Physician** MACK /Medicai 4a. Facility Nama (If not institution, giva street and number) Examiner HOLY CROSS HOSPITAL 5. Social Sacurity Number 9. Birthplaca (Stata or Foraign Country)
INDIANA **Funeral** 320-18-0624 Director Usual Rasidanca of Dacadant the Maryland 10a State 10h County 10c. City, Town or Location 10d. Insida City Limits 28a-f show r than "natural", or items 23a or 28a-f st the Madical Examiner must be notified 1 X Yas 2 □ No Director MD. MONTGOMERY SILVER SPRING 10e. Straat and Number 10g. Citizan of What Country? 16 HUGO CT. 20906 Funeral U.S.A. death 12. Was Dacedant Evar in U.S. Amed Forcas?
1. W Yas 2 □ No If Yes, Give Year or Datas: 1945~1965 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 11. Maritel Status 14. Race - American Indian, Black, Whita, atc. filed within 72 hours efter 1 ☐ Naver Married 2 🔀 Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: p Specify 3 ☐ Widowad 4 ☐ Divorced WHITE Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/Industry (Spacify only highast grade complated) permit. Pages I and 2 should be filed within Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than any Injury or other traumetin. Elementery/Secondary (0-12) College (1-4or 5+) ARMY OFFICER DEFENSE 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Be EMMANUEL STRAUSS CLAUDTA McCULLOUGH 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) HONG T. STRAUSS/WIFE SAME AS ITEM #10 20b. Piace of Disposition (Nama of cemetery, cramatory or other placa) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) LONG ISLAND NATIONAL CEM. 5/12 FARMINGDALE, N.Y. 21. Signature of Funeral Service Ligensee 22. Nama and Addrass of Facility 20910 CHAMBERS FUNERAL HOMES, P.A., SILVER SPRING, MD. M00091 complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, only one cause on each line. Approximate Intervel Between Onsat and Death Physician /Medical Immadiata Causa (Final I he. disaasa or condition rasulting in death) Examiner Examiner The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Causa (Disaasa or Injury that initiatad avants resulting in deeth) Last Dua to (or as e consequance of): Box 68760, Physician/Medical Due to (or as e consequenca of): P.O. Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? by 1 Yes 2 No 3 Probably 4 Unknown Carcinsona Records, δ 24b. Wara autopsy findings available prior to completion of ceusa of daeth? Be Completed 24e. Was an autopsy parlomad? 1 Yas 2 No 1 Tyas 25 No Division of Vital the Hospital or Attending Physician: hin 24 hours after death. the Funeral Director: After this cartifica mpletely filled in by the funeral director, t 25. Was cese rafarred to medice! 26. Pieca of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 □ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To +Q Yes 2□ No 27. Mannar of Daath 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred Natural 5 Panding 1 Yes 2 No Invastigation 2 Accidant 8 Could not be datamined 3 Suicida 28e. Plece of Injury - At homa, ferm, streat, factory, office building, atc. (Spacify) Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide within 24 hours a To the Funeral C 1 Certifying Physicien: To tha best of my knowledge, death occurred at tha tima, date and place, and dua to tha causa(s) and manner as steted.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(a) end manner stated. Medical 29a. Certiflar completely 29b. Signatura and titla of certifiar 29c. Licanse number 29d. Dete signed (Month, Day, Year) an ul D08546 AX 30. Nama and address of parson who complated causa of death (Itam 23e) (Type, Print) John 8268 ce) is consin

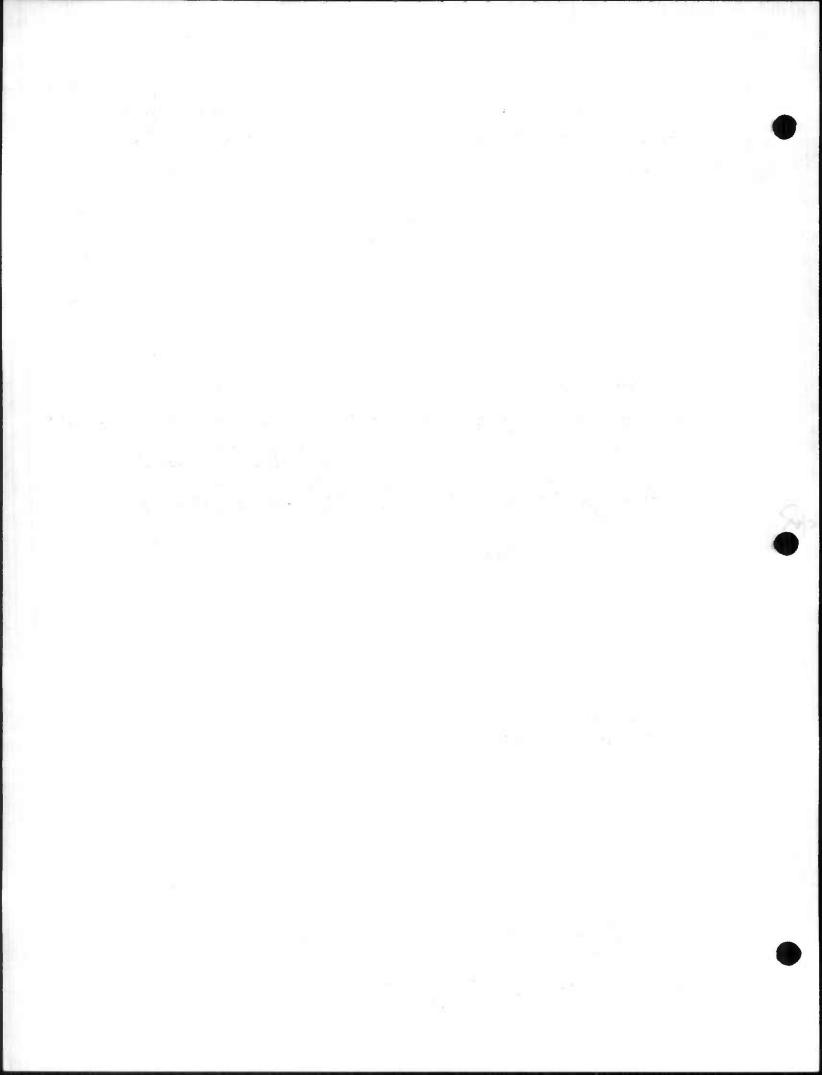
State Registrar

31. Data filed (Month, Day, Year) MAY 1 2 1997 32. Registrer's Signatura Juna Sandson Randose

The year of the factor of

State of Maryland / Department of Health and Mental Hygiene

| | | | | | Cei | rtificate of | Death | | Reg. No. | 7 11 | 5620 |
|--|-------------------------------|---|--|--|--------------------------|---|--|--|---|---|--|
| Physici | an | Decedent's Neme (First, Middle, | | | | | | 2. Dete of D Month | Day | Year 3. | Time of Death |
| /Medi | | | n McAllist | | h | | | May | | | :30 PM |
| Examir | ner | 4a. Fecility Neme (If not institution, | | 7) | | | 4b. City, Town, or | | eth 4c. County | of Death | |
| | | Wilson Health C | are Center | | | | Gaither | | | gomery | |
| Funeral Director | | 056-38-8432 | Sex 7. A | ge (In yrs. last | birthday) Yrs. | If Under 1 Year Months Deys | | 8. Date of B (Month, D Dec. 3 | oay, Year) 1914 | 9. Birthplace Country) New Yo | (Stete or Foreign |
| Pu | | Usuel Rasidance of Decedent 10e. Stete 10b. County | | 10c. City, To | own or Lo | cation | | | | 104 | Inside City Limits |
| the Marylener 28a-f show | 'n | | | | | | | | | | 1⊠ Yes 2∏ No |
| he ly | Sc | Maryland Montgo | nery | Gait | hers | | | | | | |
| Vith to | 급 | 10e. Street and Number | | | | 10f. Zip Code | | | 10g. Citizan of | | |
| eth with | a | 301 Russell Ave | | | | 208 | | | | States | |
| A 1 A 1 D-UULU d within 72 hours after deeth with the Maryland glene: r than "natural", or Itama 23a or 28a-f show fre Madical Examinet must be notified at | Completed by Funeral Director | 11. Maritel Status 1 □ Nevar Marriad 2 □ Married 3 ☒ Widowed 4 □ Divorced | 12. Was Decadan Armed Forces 1 Tyes 2 H Yes, Give Yaar or Dates: | ? No | | Wes Decedent of I Yas, specify Cub I □ Yas 2 1 No | Hispanlo Origin? (S en, Mexicen, Puer Specify: | Specify Yas or N to Rican, etc.) | lo- 14. Rac Bia Specifi | ce - Americen li ck, White, etc. y: Whi | |
| 72 hours "natural", | e e | 15. Decedent's (Specify only highest) | Education | 11 | 6a. Deced | lent's Usuel Occu | petion during most of wo | at in a | 16b. Kind of B | usiness/Industr | У |
| 10 | pie | Elementary/Secondary (0-12) | College (1-4or | 5+) | life. L | OO NOT use retire | ed) | ikuig | | | |
| Mary dien | No. | 12 | | | Но | memaker | | | Own | n Home | |
| Maryland of 2 should be file the end Mentel Hy 7 Is marked other traumatic event | 3e (| 17. Fether's Nema (First, Middla, La | st) | | | | 18. Mother's Na | me (First, Middle | le, Meiden Surnan | na) | |
| Aenty Aenty Red | To Be | James McAllister | | | | | Isa | abel Stu | ulz | | |
| sho sho | | 19e. Informent's Neme/Reletionship | (Typa, Print) | 1 | 9b. Mailir | ng Address (Stree | t end Number or R | ural Route Num. | ber, City or Town, | State, Zip Coo | de) |
| alth alth | | Janet Smith Dadd | ario/Daugh | ter 1 | 9825 | Billing | s Ct., Ga | aithersl | burg, Ma | ryland | 20879 |
| of Har and Market | | 20e. Method of Disposition | | 20b. Piece | of Dispo | sition (Neme of | | Dete | 20c. Location | City or Town, | State |
| politioner, Marylang Z.I.Z. permit. Peges 1 and 2 should be filled within Department of Haalth end Mentel Hygiene. Important: if item 27 is marked other than any injury or other traumatic event, in Mance. | | 1 ☐ Burial 2 ☑ Cramation 3 4 ☐ Donation 5 ☐ Other (Spe 21. Signeture of Funeral Service Lice | cify) | Long | Isla | and Crema | May 14 | ipany | W.Babyl | | |
| Demi Depari Important | | Rand 9 | and | M00198 | Ro | bert A. 300 West | ess of Facility Pumphrey Montgome e, Maryla | Funera | 1 Home/R | ockvill | e, Inc. |
| Physician | | 23a. Pert1. Enter the disease, or co shock, or heart failure. List on | mplications that cause y one ceuse on eech | ed the deeth. Dine. | o not ente | er the mode of dy | ing, such es cerdia | c or respiretory | errest, | App | proximete ervel Between set end Deeth |
| /Medical | | Immadiate Cause (Finel disaese or condition | Pneum | onia | | | | | | D | ays |
| Examiner | | resulting in deeth) | e | Due to (or es | e consec | uence of): | | | | | a y b |
| | ner | | | 200 10 (01 00 | 0 00/1004 | 201100 017. | | | | | |
| executed n and iel-transi | Examiner | Sequentially list conditions, if any, leeding to immediate cause. Enter Undarlying Ceuse (Disease or injury that initiated events | b | Due to (or es | e conseq | uence of): | | | | | |
| requires that the death certificate be executed requires that the death certificate be executed seen signed by the attending physician and thould be detached for use as the bunel-transit | Physician/Medical | Ceuse (Diseese or injury that initiated events resulting in deeth) Lest | c | Due to (or es | a conseq | uence of): | | | | | |
| that the death cer ed by the attendir datached for use | ysicia | Part li. Other algnificent conditions | contributing to death I | but not resulting | g in the ur | nderlying cause gi | ven in Pert i. | 23b. Dio | d tobacco use co | ntribute to the | cause of death |
| that the ed by the datache | | Chronic Obstru | ctive Pulmo | onary D | isea | se | | 10 | Yes 2⊠ No | 3 Probabl | y 4 Unknov |
| he law requires that he has been signed to age 2 should be detailed. | Completed by | Prior Cerebral | Vascular A | Acciden | t | | | 24e. We | s en eutopsy formed? | eveileb | utopsy findings le prior to ation of causa |
| has b | du | | | | | | | | | of deet | 17 |
| | ပ္ပ | | | | | | | 1 🗆 | Yes 2 No | 1 ☐ Ye | s 2🖾 No |
| sician: The certificate lirector, pag | Be | 25. Wes case referred to medical exeminer? | | | | | | eth (Check only | one) | | |
| Physician: r this certific rral director, | ဥ | 1 ☐ Yes 2 ☒ No | Hospitel: 1 ☐ Inpati | | Outpetien | t 3 DOA Ot | her: 4 🖾 Nursing I | dome 5 ☐ Res | sidence 8 Oth | ner (Specify) | |
| Attending Physical Attending Physical Attention (Attentional Physical Attentional Physical Attentional Physical Attending Physical Attending Physical Attending Physical Attending Physical Attending Physical Attending Physical Attending Physical Attending Physical Attending Physical Attending Physical Physica | ation: | 27. Menner of Deeth 1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident investigat | | ury ey Year) 28t | o. Time of Injury | M 1 | ryet rk?]Yes 2 □ No | 28d. Describe | how injury occur | red | |
| al or Attending safer deeth. In Director: After ad in by the fune | Certification: | 3 ☐ Sulcide 6 ☐ Could not determine | d 28e. Piece of In | ijury - At home, tc. <i>(Specify)</i> | , farm, str | eet, factory, office | | | (Street end Numl own, Stete) | per or Rurel Ro | ute Number, |
| To the Hospital or Attending within 24 hours after death of the Funeral Director: After completely filled in by the fune | edical | 29a. Certifier (Check only one) 1X Certifying F 2 Medical Exp | thyelclan: To the best miner: On the basis of end menner s | of examination | lge, death end/or inv | occurred et the ti restigation, in my | me, date end piece oplnion, deeth occ | e, end due to the urred et the time | e ceuse(s) end me e, dete end place, | enner es steted end due to the | l. ceuse(s) |
| omp omp | Me | 29b. Signature end tille of certifiar | 00 | | | 29c. Licen | se number | | 29d. Date signe | d (Month, Dey, | Year) |
| 10 | | I Sland a | . (Lass | MO | | | D23911 | | May 10, | 1997 | |
| | | 30. Neme end eddress of person who David A. Blass, | M.D. 9410 | 0 01d G | eorg | etown Ro | ad, Bethe | esda, Ma | aryland | 20814 | |
| Sta Registr | | 31. Date filed (Month, Dey, Yeer) MAX-1-R-499 | 32. Regist | AT's Signature | Act and | | | | | | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene

| | | | | | | i waiyid | | rtificate of | | nd Mental H | Reg. No. | 97 | 16621 |
|-------------------|--|---------------------|---|--|--|--|--|--|---|--|---|----------------------------|--|
| | Physic | ian | Decedant's Nama | | | c.m | | | | 2. Date of Month | Dey | Yaar | 3. Tima of Death |
| | /Medi | | 4e. Fecility Nema (If | PEGGY | JANE | | EVENS | | 4h City Town | MAY n, or Location of Da | | 1997 | 12:15 AM |
| | Examil Funeral Director | ner | 5. Social Sacurity No. 538-16-6 | URBAN HO umber 6. | | | rs. last birthday) Yrs. | If Under 1 Yaar Months Days | BETH | IESDA Hrs. 8. Data of Month. | Mo | ONTGO | MERY laca (Steta or Foreign try) SHINGTON |
| | land ow | | Usual Rasidance of 10a. State | 10b. County | | 10c. | City, Town or Lo | cation | | | | 10 | 0d. Inside City Limits |
| | Mary | tor | MD. | MONTGO | MERY | | SI | LVER SPR | ING | | | | 1 Yes 2 □ No |
| | ith the | Oire | 10e. Street and Num | ber | | | | 10f. Zip Coda | | | 10g. Citizan of N | Whet Coun | try? |
| | ath w | rai | 14500 | 6 GILPI | T | | | | 0906 | | | J.S.A. | |
| 21215-0020 | is 1 and 2 should be filed within 72 hours after death with the Maryland of Health and Mental Hygiene. If the marked other than "natural", or flems 23s or 28s-f show other traumatic event, the Med cal Exercites must be notified at | by Funeral Director | 11. Maritai Status 1 Nevar Marrie 3 Widowed | | 12. Was Dec Armad Fo 1 Yas If Yes, Gi Yaar or D | orces? 2] No va | | Was Decedant of I f Yes, specify Cub | Hispanic Origir an, Maxican, F Specify: | n? (Specify Yas or Puerto Rican, atc.) | No- 14. Rad Blee Specify | ck, Whita, a | |
| 5-0 | 72 h | etec | | 15. Decedant's E fy only highast gr | | | (Giva | dant's Usuai Occup | during most o | f working | 16b. Kind of B | usinass/Ind | ustry |
| 121 | within ane. than | Completed | Elementary/Secon | dery (0-12) | College (| 1-4or 5+) | lifa. I | BOOKKEE | od) | | DET 1 | #ONTED | ED 17 |
| | should be filed with and Mental Hygiene, a marked other than sumatic event, the | | 17. Fethar's Name (/ | First, Middla, Las | t) | | | DOORNEE | | Nama (First, Midd | BELA lie, Maiden Suman | | T.V. |
| lan | fental fental ked c | To Be | AAI | RON | VICT | OR | | | | HELEN | DUN | ICAN | |
| Maryland | 2 shot and N is ma | | 19e. Informant's Na | ne/Relationship | (Type, Print) | | 19b. Meilir | ng Address (Straat | and Number | or Rurel Routa Nur | | | Coda) |
| Baltimore, N | permit. Pages 1 and 3 Department of Health Important: if Item 27 any Injury or other tr once. | | DUNCAN 20a. Mathod ol Disper 1 Burial 2 5 | STEVEN position Cramation 3 | | | 230. D. Plece of Dispo camatary, cran | | | Data | #310, ARL] | | VA. 22202 wn, Stete |
| Itim | permit. Page Department of Important: If any Injury or once. | | 4 ☐ Donation 1 | Othar (Speci | - | | | RS CREMA | | 5/12 | RIV | ERDAL | LE, MD. |
| Ba | permit. Departu Importu any Inju | | 21. Signatura of Pull | III Sarvice Line | - la. | 0 | | . Name and Addre | | HOMES,P | | | 20910 PRING, MD. |
| : 68760, | law requires that the death certificate be executed as been signed by the attending physician and as been signed by the attending physician and a strongly by 2 should be detached for use as the burial-transit | Medical Examiner | Immadiata Causa (F diseasa or condition rasulting in death) Sequentially list con if any, laading to imr causa. Entar Undar Causa (Disease or in that initiated avants rasulting in deeth) Li | ditions, nadiata lying njury | b | Sm | (or as a consequence of the cons | | | | oe | u Do | Onsat and Death Chronic Yes Yrs |
| Box | eath certifi attending I for use as | lan/ | | | d | | | | | | | | |
| P.O. | res that the de signed by the a be detached t | by Physician/M | Part II. Other eignific | hua, | contributing to d | sath but not r | asulting in the un | nderlying causa gi | van in Part I. | 23b, D | tobacco usa co | | the cause of death? |
| of Vital Records, | e law require has been sig ge 2 should b | Completed t | ab | cas | lun | 7 | Pres | witho | rol | | as an autopsy rformed? | ava | ra autopsy findings illable prior to npletion of causa deeth? |
| alF | T age | | | | | | | | | 10 | Yas 2 No | 10 | Yas 2□ No |
| Z. | Physician: The this certificate and director, page | Be C | 25. Was case relarre | | Hospital: | | | Ott | ner: | Death (Chack onl | | | |
| | Te la | ation: To | 27. Menner of Daath Natural Accident | 5 Panding invastigatio | 28a. Dete (Mon | | 28b. Tima of Injury | 28c. Inju | 4 LI Nursi | | e how injury occur | |) |
| Division | To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune | Certification: | 3 ☐ Suicida 4 ☐ Homicida | 6 Could not be datarmined | ≥8a. Place | of Injury - At ng, atc. <i>(Spe</i> | homa, farm, stracify) | aat, lactory, office | | 28f. Location City or 7 | (Streat and Numb own, Stata) | er or Rural | Routa Number, |
| | Hosp 24 hot Fune | edicai | 29a. Cartifiar (Check only one) | Certifying Pt | miner; On the b | bast of my k asis of axami nar stated. | nowledge, deeth netion and/or inv | occurred at tha tir astigation, in my o | ma, data and popinion, daath | place, end dua to the occurred at the time | a ceusa(s) and ma a, date and place, | anner as sto and dua to | ated. the causa(s) |
| | To the within 2 To the comple | Mec | 29b. Signatura end ti | la pl certifier | and man | ावा ऽ(वाचेतु. | | 29c. Licans | se number | | 29d. Data sigrie | d (Month, L | Day, Year) |
| | 1 | | • | VIS. | 110 | u | | 10 | 493 | 0 | 5/11 | 1/0 | 7 |
| | 10 | | 30. Nama and oddre | s of person who | complated caus | a of death (It | am 23e) (Typa, I | Print) ens Mi | 11 R | P Ruet | willem | 120 | 185/ |
| | Sta | | 31. Data filed (Month | Day, Year) | 7 32.8 | egistrare Sig | metura Rand | | | | | | |

State of Maryland / Department of Health and Mental Hygiene

| | | | | | | | Certif | icate of | | | R | eg. No. | 7 1 | 6622 |
|------------|---|---------------------|---|--|--|---|--|-----------------------------------|---|-----------------------|--|----------------------------------|------------------------------------|---|
| | Physic | ian | Decedent's Neme | | • | | | | | 2. | Dete of Dee Month | Dev | Year | . Time of Deeth |
| | /Medi | | | | lizabeth | | ister Tho | mpson | | | May | | | 12:10 pm |
| | Examir | ner | 4e. Facility Neme (# | | | | | | 4b. City, Town, o | | | 4c. County | | |
| | | | | | ohn Stree | | 1-15246 d- 1 H | Under 1 Yeer | Perryv | | | | Cecil | |
| | Funeral Director | | 5. Sociel Security Nu 555-30-5 | 235 | M 201 F | 86 | | onths Deys | | n. | Dete of Birth (Month, Dey Ct. 12 | Year) 2,1910 | 9. Birthpleco Country) Col.(| e (Stete or Foreign orado |
| | show and | | Usual Residence of 10a. Stete | 10b. County | | 10c. C | ity, Town or Location | | | | | - | 10d. | Inside City Limits |
| | the Meryler 28a-f show | cto | Maryland | | Cecil | | | Per | ryville | | | | | 1 Ves 2 No |
| | 19 th | Die | 10e. Street and Num | | | | 1 | Of. Zlp Code | | | 1 | 0g. Citizen of V | | ? |
| | ath w | 2 | 123 John | Street | | | | | 21903 | | | | .S.A. | |
| 21215-0020 | 2 should be filed within 72 hours after death with the Menyland end Mental Hyglene. Is marked other than "natural", or items 23e or 28e-f show aumstic event, the Medical Examinet must be incitited at | by Funeral Director | 11. Meritel Stetus 1 □ Never Merrie 3 ☑ Widowed | | 12. Wes Decede Armed Force 1 Tes 2 If Yes, Give Yeer or Dete | No | | Decedent of s, specify Cub | Hispenic Origin? (pen, Mexican, Pue Specify: | (Specify orto Rice | Yes or No- in, etc.) | | e - American ck, White, etc. | |
| 0-0 | 2 ho | te d | (0 | 15. Decedent's Ed | lucation | | 18a. Decedent | s Usuel Occu | pation | | | 16b. Kind of Bu | | |
| 213 | nin 7 | Completed by | Elementery/Secon | fy only highest gra | College (1-4c | or 5+) | life. DO I | VOT use retire | during most of wood) | orking | | MarMac | Resta | ırant |
| 2 | or the | 0 | Twelve | | | - / | Вс | okkeep | er | Downey, California | | | | |
| Maryland | 事を | Be | 17. Father's Neme (/ | First, Middle, Last) | | | | | 18. Mother's Ne | eme (Fi | rst, Middle, I | Meiden Sumen | 10) | |
| Ia | Vent Went rked rked | 2 | | Marion | Arthur Mo | cLeis | ter | | My | rt1 | e Viol | la Will: | ard | |
| a | 2 should n end Mer is marke raumatic | | 19e. Intorment's Ne | | ** | | | | t end Number or F | | | | | de) |
| | | | George T | . Reno (| Nephew) | | | | et, Perr | ryvi | 11e, N | Marylan | d 2190 | 03 |
| o C | ges 1 and 2 should be filed within 72 ho it of Heelth and Mental Hygiene. If item 27 is marked other than "nature or other traumatic event, the Medical | | 20e. Method of Dispo | | Removel from Star | 20b. | Pleca of Dispositio cemetery, cremeto | n (Neme of ry or other ple | ece) | | ete | 20c. Location - | City or Town, | Stete |
| Ĕ | Peg Int: If | | | 5 ☐ Other (Specif) | | Forest Lawn Cemetery 5/16/97 Cypress, Cal | | | | | | | | ifornia |
| Baltimore, | permit. Peges 1 and Department of Heelth important: if item 27 any injury or other tr once. | | 21. Signature of Fun | Service Licen | 1 1 1 2 1 | | | | ess of Fecility | s So | n Fune | eral Ho | me | |
| | 17 SM | | 23a. Pert1. Enter the shock, or heert | MENSI II. | 1 delle | STOX | Perr | vville | . Marvla | and | 21903 | 3-0188 | | proximete erval Between |
| o'c | Medicate be executed a physicien and se the burlet-transit | I Examiner | Immediate Cause (F disease or condition resulting in death) Sequentially list con if any, leading to imreause. Enter Under Cause (Disease or lithet initiated events | | | Due to (| or es e consequences es e consequences es e consequences es e consequences es e consequences es es es es es es es es es es es es e | ce of): HEART | | | E | | /19, | ME DIATE |
| DOX GOVOO, | eath certificete by ettending physici for use es the bu | Physician/Medical | cause (Disease or in thet initieted events resulting in death) Lo | est | d | Due to (| or es e consequend | ce ot): | | | | | | |
| | the ette | SICI | Pert II. Other signific | cant conditions co | ontributing to death | but not re | sulting in the under | lylng cause gi | iven in Pert I. | | 23b. Dld to | bacco use co | ntribute to the | e cause of death |
| 7. 7.0 | requires that the death cer been signed by the ettendin hould be deteched for use | by Phy | HYPEI | RTENSIO | N | | | | | | 1 🗆 Y | 08 250 No | 3 Probab | ly 4 Unknow |
| Records, | _ 100 | Completed b | | | | | | | | | 24e. Wes a perform | n eutopsy med? | aveilal | eutopsy tindings ble prior to etion of cause th? |
| Ē | 0 - 0 | ПО | | | | | | | | | 1 🗆 Y | es 2 No | 1 U Y | es 2 No |
| | ician: The | Bec | 25. Wes case reterre | ed to medical | | | | | 26. Place of De | eeth (C | heck only on | ne) | | |
| _ | | ToE | examiner? 1 ☐ Yes 2 Ø€N | 10 | Hospitel: | itlent 2 | ER/Outpetient 3 | DOA Ot | har | | | ence 6 Oth | er (Specify) | |
| | g Physical dispersal di | | 27. Menner of Deeth | | 28a. Dete of Ir (Month, L | jury Day Year) | 28b. Time of Injury | 28c. Inju | iry et | 28d. | Describe ho | ow Injury occur | red | |
| | i or Attending P effer death. I Director: After t d in by the funers | Certification: | 1 Accident 2 Accident 3 Sulcide 4 Homlcide | 5 Pending Investigation 6 Could not be determined | 28e. Place of I | | ome, ferm, street, | M 1 | Yes 2 No | 28f. | Location (Si City or Town | treet end Numb n, Stete) | er or Rural Re | oute Number, |
| | Hospita 24 hours Funeral tely fille | edical | 29a. Cartifier (Check only one) | Certifying Phy | ysician: To the besinar: On the basis end menner | ot examina | owledge, deeth occurrence and/or Investigation | curred et the ti getion, in my | ime, dete end plea opinion, deeth occ | ce, and curred e | due to the ca t the time, d | ause(s) and ma ete end place, | nner as stete end due to the | d. e ceuse(s) |
| | within 2 to the comple | ž | 29b. Signature end to | itle of certifier | 1 | 11 | | 29c. Licen | se number | | 2 | 9d. Date signe | d (Month, Day | , Year) |
|) | | | 20 No. | | Mncl | her | pu red | | 344 | | i | May 1 | 2, 199 | 97 |
| | | | 30. Neme end eddre | / | | / | | | | | | | 202 | |
| | Sta | ite | SURESH 31. Dete tiled (Month | DHANJAN MAY 1 4 | | P. Pers Sign | | 781, | PERRYV | بآ با 1 | E, Mc | 1. 21 | 903 | |

DUBBU 46 Day 600

| Physic | | 1. Decedent's Name (First, Middla, Las | t) | Cel | rtificate o | Death | 2. Deta of De | Reg. No. | | 3. Time of Deeth |
|---|--|--|--|--|---|---|---|---|---|--|
| /Medi | | LEO | | THOMAS | | | MAY MAY | 09 | 1997 | 4:20 A.M |
| Exami | | 4a. Facility Neme (If not institution, give MALCOLM GROW ME | | FR | | 4b. City, Town, or Lo | | | y of Death | RCES |
| Funeral Director | | Social Security Number 6. Security Number | | (In yrs. last birthday) Yrs. | If Under 1 Year Months Day | r If Under 24 Hrs. | 8. Date of Bir (Month, De 12/28 | th y, Year) | 9. Birthpl Count | lace (Stete or Forely |
| Meryland a-f show | tor | Usual Rasidence of Decedent 10a. State 10b. County D.C. P.G. | 1 | Oc. City, Town or Lo | | | | | | 0d. Inside City Limit |
| 3a or 28 | al Director | 10e. Street and Number 4311 23rd Park | way | | 10f. Zlp Code | 9 | | 10g. Citizan of | | try? |
| within 72 hours effer death with the Merylend ena. than "natural", or items 23a or 28a-f show he Wedical Exemine must be noothed at | by Funeral | 11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorcad | 12. Was Decedent Ev Armed Forcas? 1 ☐ Yas 2 ☐ No If Yes, Give Yaar or Dates: | | Was Decedent of Yes, specify Cu | Hispanic Origin? (Sp. ban, Mexican, Puarto Specify: | ecify Yas or No Rican, etc.) | | ce - Amarica ack, White, e | |
| "natural", | Completed | 15. Decedent's Edi (Specify only highest grad | ucation de completed) | 16e. Deced | ient's Usual Occ kind of work don | upation e during most of work: red) | ing | 16b. Kind of E | | |
| yiena. | отр | Elementary/Secondary (0-12) | College (1-4or 5+) | | oo NOT use retii y Staf | | | Milita | rv | |
| be file tal Hyg d othe event, | To Be C | 17. Father's Name (First, Middle, Last) Unknown | | очерт | y bear | 18. Mother's Name | | Maiden Sumer | | 4.27 |
| M | - | 19a. Informant's Name/Relationship (T Angela Butler | ype, Print) | | | et and Number or Run e Rd. #10 | al Route Numb | er, City or Town | | |
| permit. Peges 1 end Depertment of Health Important: If Item 27 any Injury or other tr once. | | 20a. Mathod of Disposition 1 Burial 2 Cremation 3 4 Donation 5 Other (Specify, 21. Signature of Funaral Service Licens | | 20b. Place of Dispo cemetary, crem | sition (Name of netory or other pour of lef. Name and Add | (ece) | Date 5/15/97 odges | 20c. Location Chelo and Ec | -city or Ton Lenhi lward | wn, State |
| Physician /Medical Examiner | | 23a. 94n1. Enter the disease, or comp shock, or haert fallure. List only o immediate Cause (Final disease or condition resulting in death) | e. ESO | PHAGEAL CA | ANCER | ying, such as cardiac o | or respiratory e | rrest, | | Approximate tnterval Between Onsat and Death |
| | ē | | | to (or as a conseq | dence or). | | | | | |
| an end inel-transit | Examiner | Sequantially list conditions, if any, leading to immediate cause. Enter Underlying | b | ue to (or as e conseq | | | | | | |
| ding physician end se es the bunel-transit | edical | Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest | b | | uence of): | | | | | |
| it ne death certificate by the attending physicached for use es the | - a | Cause. Enter Underlying Ceuse (Diseese or Injury thet initiated events | b | ue to (or as e conseque to (or as a conseque | uence of): | given in Pert I. | | T | | |
| requiras mar me deam certificate been signed by the attending physishould be detached for use as the | by Physician/Medical | cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting In death) Lest | b | ue to (or as e conseque to (or as a conseque | uence of): | given in Pert I. | 1 🗆 | T | 3 Prob | ably 4 Unknown re autopsy findings illable prior to npletion of causa |
| e law requires mat the deam certificate hes been signed by the attending physige 2 should be detached for use es the | by Physician/Medical | cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting In death) Lest | b | ue to (or as e conseque to (or as a conseque | uence of): | jiven in Pert I. | 1 🗆 | Yes 2 No an autopsy med? | 3 Prob | ably 4 Unknown |
| ine law requires mat the deam certificate atta hes been signed by the attending physipage 2 should be detached for use es the | Be Completed by Physician/Medical | cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest Pert II. Other eignificant conditions con 25. Was case referred to medical examiner? | bDu cDu d | e to (or as a consequence to (or as a consequence) | uence of): uenca of): nderlying cause (| 26. Place of Death | 24a. Was perfo | an autopsymmed? Yes 2 No | 3 Prob | re autopsy findings liable prior to projetion of causa leath? |
| ong Prysician: The law requires that the death certificate After this certificate hes been signed by the attending physitaneral director, page 2 should be detached for use es the | To Be Completed by Physician/Medical | cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest Pert II. Other eignificant conditions con 25. Was case referred to medical examiner? | b | e to (or as a consequence to (or as a consequence to for as a consequence resulting in the unconsequence for a consequence uence of): uenca of): uenca of): deriving cause g | 26. Place of Deatl ther: 4 □ Nursing Ho | 24a. Was perfo | an autopsymmed? Yes 2 No | 3 Prob 24b. We ave con of d | re autopsy findings liable prior to projetion of causa leath? |
| ong Prysician: The law requires that the death certificate After this certificate hes been signed by the attending physitaneral director, page 2 should be detached for use es the | Be Completed by Physician/Medical | cause. Enter Underlying Ceuse (Diseese or Injury thet initiated events resulting in death) Lest Pert II. Other significant conditions con 25. Was case referred to medical examiner? 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending | Du c. Du d | e to (or as a consequence to (or as a consequence to (or as a consequence resulting in the ur 2 □ ER/Outpatien 28b. Time of Injury | uence of): uenca of): uenca of): t 3□ DOA C 28c. Inj W M 1[| 26. Place of Death ther: 4 □ Nursing Ho ury et ork? □ Yes 2 □ No | 24a. Was perfo | Yes 2X No an autopsy rmed? Yes 2X No one) denca 6 □Ott now Injury occur Street and Num. | 3 Prob 24b. We ava con of d 1 L | re autopsy findings illable prior to npletion of causa leath? I Yes 2 No |
| Topprain or Attending Fritzeren: The law requires man the death certificate where aftar death. Aftar this certificate hes been signed by the attending physically filled in by the funaral director, page 2 should be detached for use es the | edical Certification: To Be Completed by Physician/Medical | cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest Pert II. Other eignificant conditions conditio | b. Du c. Du d | e to (or as a consequence to (| uence of): uenca of): uenca of): t 3 □ DOA □ 28c. Inj W M 1[pat, factory, office | 26. Place of Death ther: 4 \(\text{Nursing Ho} \) ury et ork? \(\text{Yes} = 2 \(\text{No} \) time, dete and placa, | 24a. Was perfo | Yes 2 No an autopsymmed? Yes 2 No one) denca 6 □ Ott now Injury occur Street and Num. vn, Stete) | 3 Prob 24b. We ava con of d 1 L ther (Specify rred ber or Rural | Illable prior to note to note that not not that note that note that note that note that note that not not not not not not not not not no |
| or attending Privaticans: The law requires that the death certificate after death. After death. After this certificate hes been signed by the attending phys in by the funeral director, page 2 should be detached for use es the | Certification: To Be Completed by Physician/Medical | Cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest Pert II. Other significant conditions conditio | d. Du d. Inpatient 28a. Date of Injury (Month, Day Y) 28e. Place of Injury building, etc. (siclan: To the best of ener: On the basis of energy of the basis o | 2 EP/Outpatien 28b. Time of Injury At home, ferm, stre | uence of): uenca of): t 3 DOA Control of the testigetion, in my 29c. Licar | 26. Place of Death ther: 4 \(\text{Nursing Ho} \) ury et ork? \(\text{Yes} = 2 \(\text{No} \) time, dete and placa, | 24a. Was perform 1 Check only of the Check only of the Session (City or Toward and due to the ed et the time, | Yes 2 No an autopsymmed? Yes 2 No one) denca 6 □ Ott now Injury occur Street and Num. vn, Stete) | 3 Prob 24b. We ava con of d 1 L ther (Specify rred ber or Rural enaner as state and due to ed (Month, E | re autopsy findings illable prior to npletion of causa feath? Yes 2 No Route Number, ated. the cause(s) |

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| | 1 Dec | edent's Nam | e (First, Middle, La | | | | | | Death | 2. Dete of De | Reg. No. | | 6624 |
|---------------------|--------------------------------------|--|---|--|-------------|-----------------------------------|-------------------------|------------------------------|---|---|------------------------------------|---------------------------------|---|
| sician edical | 9 | ratt | ii . | Srebb | le | | | | | Month | Day / 3 | Year 7 | 932m |
| miner ral tor | 5. Soc 57 | ial Security 1 | umber 6. s 1423 | ITM STILL | Rela | belita ast birthday) Yrs. | true If Und Month | ler 1 Year | Hb. City, Town, or - Hours If Under 24 Hrs Hours Min | Trille 8. Date of Bir | PB | 9. Birthplace Country) | e (State or Foreig |
| | 10a. S | Residence o | 10b. County | | 10c. City | , Town or Lo | cation | | | | | 10d. | Inside City Limit |
| ctor | MAR | YLAND | PRINCE (| GEORGE'S | FOR | ESTVII | LE | | | | | | 1 X Yes 2 □ N |
| Director | 100. 5 | treet and Nu | | | | | 10f. 2 | ip Code | | | 10g. Citizen of \ | Whet Country | ? |
| Funeral | 760 | DI BAY | WAY RD. | 12. Wes Decedent | Ever in U. | S 13 V | Vas Dec | 2074 | ispante Origin? (5 | Specify Ves or No | UNITED 14. Bac | STATES e - American | |
| by | 3 [| Never Marr | ied 2 Married | Armed Forces 1 ☐ Yes 2 🕱 If Yes, Give Year or Dates: | 7 | li li | Yes, sp | ecify Cube 2 No | Specify: | to Rican, etc.) | | ck, White, etc. | |
| To Be Completed | Eler | nentary/Seco | 15. Decedent's Edify only highest gra | ducetion ide completed) College (1-4or | 5+) | life. E | kind of v OO NOT | vork done d use retired | during most of wo f) | orking | 16b. Kind of Bi | | |
| Be Co | | NKNOWN ther's Name | (First, Middle, Last) | | | FA | KM W | ORKER | | me (First, Middle | | JLTURAL 10) | |
| Jo. | | UNKN | | | | 1 | | | UNKN | OWN | | | |
| | | nformant's N TH DAV | ame/Relationship (| Type, Print) LTHCARE PH | OUTDI | | - | | an <i>d Number or F</i> ORO PIKE | | | | |
| | 20a. N | lethod of Dis | position | | 20b. P | ace of Dispos | sition (A | ame of | | Dete | 20c. Location - | | |
| | | | Cremation 3 ☐ 5 ☐ Other (Specif | Removal from State y) | | metery, cren ROPOLI | | | | 5/17/97 | ALEXANDE | RTA. VI | RGTNTA |
| once. | 21. Si | gnature of Fu | neral Service Licer | 1500 | | 22 | Name : | and Addres | ss of Facility S. POPE | | | | TO LIVE |
| a | | Kert | ta.Sa | val | _ | | | | SORO PIK | | | ARYLAN | ID 20747 |
| edical Examiner | if any, ceuse Cause that in | entially list co teading to in . Enter Unde (Disease or itieted events | nmediate orlyling tnjury | b | Due to (or | es a consequence as e consequence | uence o | j): | | | | | |
| 4 | resuiti | ng In death) | Last | d | 04010 (01 | as 6 001130qt | 201100 01 | <i>,</i> | | | | | |
| by Physician/M | Part It. | Other signif | lcant conditions c | ontributing to death b | ut not resu | lting In the un | derlying | ceuse give | en in Pert I. | | tobacco uee col | | e cause of death |
| Completed b | | | | | | | | | | 24a. Was | an autopsy ormed? | avaital | autopsy findings ole prior to etion of cause th? |
| Соп | | | | | | | | | | 10 | Yes 20 No | 1 🗆 Y | es 2 No |
| o Be (| өх | aminer? | red to medicel | Hospital: | | | | Othe | or: 1 | ath (Check only | | | |
| | - | nner of Deat | | 28a. Dete of Inju | iry | ER/Outpatient 28b. Time of | 1 3□ [| 28c. Injun | 4 up Nursing I | dome 5 ☐ Resi | dence 8 Oth how injury occurs | | |
| Certification: | 3[| Natural Accident Suicide Homicide | 5 Pending Investigation 6 Could not be determined | | ury - At ho | | M eet, facto | 10 | Yes 2 □ No | 28f. Location (City or To | Street and Numb wn, State) | er or Rural Ro | oute Number, |
| edical C | (| Sertifier Check only one) | 1X CertifyIng Ph 2 Medicat Exam | yalclan: To the best niner: On the basis o and manner st | examineti | rledge, death on end/or tnv | occurre estigatio | d et the tim en, in my op | e, date and place pinion, death occ | a, and due to the urred at the time, | cause(s) and ma date and place, | nner as state and due to the | d. cause(s) |
| W | 29b. S | ignature end | title of certifier | Dc . ? | pus | | | 9c. License | | | 29d. Date signed | | (, Year) |
| | | me end addr | ess of person who | completed ceuse of a | leath (Item | 23a) (Type, F | Print) | Blud | Lanha | m, md | 2070 | 6 | |
| | | | th, Day, Year) | 32. Registr | | | | | | | | | |

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Deta of Deeth 3. Time of Death Month **Physician** Yaar -UE/YN LUCHER 4c. County of Death 5:38 AM /Medical MA. 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death Examiner WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY COUNTY 5. Social Sacurity Number If Under 1 Year If Under 24 Hrs. 6. Sax 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Yaar) Birthpiace (Stata or Foreign Country) **Funeral** 1 M 20 F Months Days Hours Yrs. Director 229-36-1234 VIRGINIA Usual Rasidance of Decedant the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show the Medical Examiner must be nothled at Director Yas 2 No MARYLAND MONTGOMERY SILVER SPRING 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 Items 23a 9508 MONROE STREET 20910 UNITED STATES Funeral 12. Was Dacedeni Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ☒ No II Yas, Giva Yaar or Datas: 11. Maritai Status 13. Was Dacedant of Hispenic Origin? (Spacify Yas or No-II Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. filed within 72 hours efter of Hygiane. Ither than "natural", or item 1 Never Marriad 2 Marriad Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: þ 3 Widowed 4 Divorcad Specify: BLACK Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) NURSE 12 PRIVATE permit. Pages 1 and 2 should be filed to Department of Haalth and Mental Hygis Important: If Item 27 is marked other tany injury or other traumatic event, In 17. Fathar's Nama (First, Middle, Last) 18. Molher's Nama (First, Middle, Meidan Surnama) Be 2 KELLY EDWARDS GLADYS HUGHS 19a. Informant's Name/Raletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) RALPH TURNER 9508 MONROE STREET, SILVER SPRING, MD 20910 20b. Place of Disposition (Nama of cematery, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stete Data 1 N Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) 5/21/97 FORT LINCOLN CEMETERY BRENTWOOD, MARYLAND 21. Signature dunarai Service Licensaa 22. Name and Addrass of Facility FORT LINCOLN FUNERAL HOME ulunes 3401 BLADENSBURG RD., BRENTWOOD, MD 20722 23a. Part¹. Entar tha disease, or complications that causad tha disth. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart lailure. List only one cause on each line Approximata Intervel Batwean Onset and Death **Physician** /Medicai Immediata Cause (Final HYPOTENSION & BRANY CARNIA SEVERE olay diseasa or condition resulting in death) Examiner OUTTUI CARDIAC ole ician and burial-transit The law requires that the death certificata be executed Sequentially list conditions, if any, laading to immediate causa. Enter Underlying Cause (Disaasa or injury that initiated evants resulting in death) Last Dua to (or es a consequance of): Records, P.O. Box 68760, MYOCARDIAL UTE day Physician/Medical physi the Due to (or es a consequence of): CORON ARY ARTGLY esn MON Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? be datached 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Kinknown THERO SCLEROSIS þ 24b. Wara autopsy lindings available prior to completion of ceuse of death? Completed 24a. Was an autopsy has page 2 20 No certificata 1 Yas 1 Yas 2 No Division of Vital Attending Physician: funeral director, Be 25. Was cesa ratarred to medicel axaminar? 26. Placa of Daath (Check only ona) Hospital: 1 Yas 2 No 1 Inpatiant Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 2 ☐ ER/Outpatieni 3 ☐ DOA this 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 Natural 5 Panding invastigation 2 Accidant 1 Yas 2 No after deeth Director: 6 Could not be determined 3 Suicide 28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 - Homicida 6 Hospital 24 hours a Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, deta and piece, end due to the causa(s) and mannar as stated.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and piece, and due to the causa(s) and mennar stated. 29e. Cartifier Medical cempletaly (Check only one) To the \$ 29b. Signature and title 29c. License numbar 29d. Data signed (Month, Day, Year) 0 MAY 16, 1997 30. Name and address of person who complated ceuse of death (Itam 23a) (Type, Print) ARROLL State

DHMH 16 Rev 6/95

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Death TESTER KERN John 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva straat and number) 4c. County of Daath Fallston General Hospital Fallston Harford 5. Social Sacurity Number If Undar 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) 9. Birthpiaca (Stata or Foraign Country) Days 1X M 2□ F Hours Yrs. 227-14-2522 Jan. 7, 1919 Virginia Usual Rasidance of Dacedant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Maryland Harford 1 Yas 2 □ No Bel Air 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 32 Hickory Avenue 21014 USA 12. Was Dacadant Evar in U,S. Armad Forcas? Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) Race - Amaricen Indian, Black, Whita, atc. 1 X Yas 2 □ No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Marriad 1 ☐ Yas 2 No 3 ☐ Widowed 4 ☑ Divorced Specify: white 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacadant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Brick Mason Construction 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) John David Tester Etta (u/k) Lane 19a. tnformant's Name/Raiationship (Typa, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) John C. Tester, Son 305 Huntsman Court, Bel Air, Maryland 21015 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval trom Stata 4 ☐ Donation 5 ☐ Othar (Specify) Bel Air Memorial Gardens 5/14/97 Bel Air, Maryland 211 Signature of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility Howard K. McComas III Funeral Home, P.A. Manas 50 West Broadway Street, Bel Air, Maryland 23a. Part I. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. SQUAMONS CELL CANCER METASTATIC and NECK Immediata Causa (Final disaasa or condition rasulting in daath) Dua to (or as a consequence ot): Dua to (or as a consaguance of) Dua to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 1 Nes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings available prior to complation of ceusa of daath? 24a. Was an autopsy

Physician /Medical Examiner

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Box 68760,

P.O.

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Division

Physician

/Medical

Examiner

Funeral

Director

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permit. Pages 1 and 2 should be filed within 72 hours after of Department of Healith and Mental Hygiene. Important: If item 27 is merked other than "natural", or item iny injury or other traumatic event, I'm Magical Engine

Baltimore, Maryland 21215-0020

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Physician/Medical Examiner Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Diseasa or Injury that initiated avants rasulting in daath) Last

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Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part t.

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28a. Data of Injury (Month, Day Yaar) 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 PNatural 5 Panding invastigation 1 Yas 2 No 2 Accidant 6 Could not be 28f. Location (Straat and Number or Rural Route Number, City or Town, State) 3 Sulcida 28a. Place of injury - At homa, farm, streat, factory, office building, atc. (Spacify)

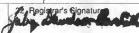
(Check only

1.2 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifier 29c. Licensa number

29d. Data signed (Month, Day, Year)

and appress of person who completed cause of death (item 23a) (Type, Print) 31/2 BELAIK

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State Registrar

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2 Data of Death **Physician** Month 12:25 AM TALBERT VIRGINIA KUTH /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Prince George's Clinton Southern Maryland Hospital if Under 1 Yeer If Under 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplace (Stata or Foraign Country) **Funeral** Days Hours 1 ☐ M 2 👽 F 90 Yrs. 577-07-0151 Director Sept. 12,1906 Maryland Usual Rasidance of Decedant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. inside City Limits / is marked other than "naturel", or items 23s or 25s-/ ehov traumstic event, the Medical Examiner must be notified at 1 ☐ Yes Ž☐ No Director Maryland Prince George's Upper Marlboro 10e. Street and Number 10f. Zlp Coda 10g. Citizan of What Country? 20772 U.S.A. 9531 Montrose Street Funeral death 12. Wes Dacedant Evar in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indien, Bleck, Whita, atc. 11. Maritei Status 72 hours after 1 ☐ Yes 2 ☐ No If Yes, Giva Yaar or Datas: 1 □ Never Merried 2 □ Married "naturel", or Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify. White g 3 Vidowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highast grada completed) Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 1 Department of Health and Mental Hygiene Important: if Item 27 is marked other than "n eny Injury or other traumatic avantage. Elamantary/Secondary (0-12) Collega (1-4or 5+) N/A P.G. County Government Cafeteria Manager 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Ruth McDaniel Adams Elwood Benson Phelps 2 19a. tnformant's Neme/Ralationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 9531 Montrose Street Upper Marlboro, MD 20772 Gary E. Talbert (Son) 20b. Place of Disposition (Nama of comatary, crematory or other place)
Washington National Cem. May 2 Pata 20a. Method of Disposition 20c. Location - City or Town, Stata ₩ Burial 2 Crametion 3 Removel from Stata 1997 Suitland, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Lee Funeral Home, Inc. 21. Signeture of Funaral Sarvice Licensee 6633 Old Alexandria Ferry Rd Clinton, MD20735 Pert1. Enter the disease, or complications thet caused the daeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or haart feilura. List only ona causa on aach line. Approximete tntarvai Between Onset and Death Physician myocardial Infanct /Medicai Immedieta Ceusa (Final disaasa or condition resulting In death) Examiner Examiner physician and the burial-transit that the death certificate be executed Sequentially list conditions, if any, leeding to immadiata cause. Enter Underlying Cause (Disaasa or Injury thet initieted events rasulting in daath) Last Box 68760. Physician/Medical 987 Pert II. Other significant conditions contributing to death but not rasulting in the undarlying causa givan in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed nemio 1 ☐ Yes 2 ☑ No 1 □ Yas 2 □ No certificate or Attending Physician: 25. Was casa rafarred to medical axaminar? Be 26. Place of Death (Check only one) Hospitel: 1 Inpatient axaminar? Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 2 ER/Outpatient 3 DOA this 27. Manner of Death Certification: 28c. tnjury at Work? 28d. Dascribe how injury occurred Aftert 1 Natural 2 ☐ Accidant 5 Panding invastigation within 24 hours after death.

To the Funeral Director: A completely filled in by the fu 1 Yas 2 No 6 Could not be detarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 3 ☐ Sulcida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicide Hospital Medical Examiner: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian (Check only one) 29b. Signatura and titla of certifier-30. Name and addrass of person who complated cause of death (flem 23e) (Type, Print) R. A. M.C. CONNALIGITY W.D.

FORT WASHINGTON, MD.

32. Begistrar's Signalura

State Registrar

VINGSTON Rd

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Death 2. Date of Deeth Month **Physician** 1:15 pm Lewis William TRUMPOWER 1997 May 19 /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Hagerstown

If Under 24 Hrs. 8. Date of Birth
Hours Min. 8. Date of Birth
(Month, Dey, Yeer) 1114 Security Road Washington 5. Social Security Number If Under 1 Year 6. Sex 7. Age (In yrs. lest birthdey) **Funeral** 1 XM 2 □ F Months Days Yrs. Director 219-12-0613 Dec. 22 1923 Maryland Usuel Residence of Deceden the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show 1 ☐ Yes 2 No Director Maryland Washington Hagerstown 10a Street and Number 10g. Citizen of Whet Country? 10f. Zip Code death with 1114 Security Road 21742 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 □ No If Yes, Give Yeer or Dates: WW II Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. pemit. Peges 1 end 2 should be filed within 72 hours effer bepartment of Health and Mental Hygiene. Important: If item 27 is marked other then "natural", or item any injury or other traumatic event, it a Medical Examina 1 □ Never Married 2 □ Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 🖾 No Specify: White Be Completed by 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 8 0 Truck Driver Coal 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Isaac Trumpower Bessie Hose 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Cheryl Metzer/Daughter 19272 Shepherdstown Pike Keedysville, Md.21756 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Cedar Lawn Memorial Park 5/22/97 Hagerstown, Maryland 21. Signature of Feneral Service Licensee 22. Name and Address of Fecility Minnich Funeral Home 415 E. Wilson Blvd. Hagerstown, Md. 21740 unned 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset end Deeth **Physician** Branchogenic /Medical immediete Ceuse (Finel diseese or condition resulting In death) **Examiner** Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Bnd Due to (or es e consequence of): P.O. Box 68760, physician Physician/Medical the Due to (or es e consequence of): USB BSU id be datached datached Pert II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 No 3 Probably 4 Unknown Division of Vital Records. þ 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24e. Was en eutopsy performed? peeu After this certificate has 1 ☐ Yes 2 ☐ Ne 1 □ Yes 2 □ No Hospital or Attending Physician: Be 25. Wes cese referred to medical examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 →NO 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA filled in by the funeral 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred 1 Naturel 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No 2 Accident after death Director: 3 Sulcide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours at To the Funeral D completely filled i 1 Providing Physician: To the best of my knowledge, deeth occurred et the time, date end plece, and due to the ceuse(s) end menner as steted. Medicai 29a. Certifier 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated. 29d. Dete signed (Month, Dey, Year) 29b. Signeture end title of certifier 29c. License number D2145 14Ref 12821-OAKHILL AVE HAGERSTOWN. MD21742 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 4BDUL WATTERD un 31. Dete filed (Month, Dey, Year) MAY 2 2 1997 32. Registrar's Signeture State

DHMH 16 Rev 6/95

Registrar

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| Examine | | 4e. Facility Nama (If not institution, g Physicians Memorial | Hospital | | | | | b. City, Town, or La Plata | | | ty of Deeth harles | |
| Funeral Director | | 5. Sociel Security Number 6. 215-36-2972 Usual Residence of Decedent | Sex 7. Ag | a (In yrs. lest | birthday) Yrs. | If Undar 1 Months | Yaar Days | If Under 24 Hrs Hours Min. | (Month, D | irth ey, Year) 1, 1939 | 9. Birthr Cour MARY | placa (Stata or Foreigntry) LAND |
| Marylend | tor | 10a. Stete 10b. County MARYLAND CHARLE | S | 10c. City, To | | ation | | | | | 1 | 1 Od. Inside City Limit |
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| 72 hours | eted | 15. Decedent's l (Specify only highest g | Education rada complated) | 11 | (Giva k | ent's Usuel (| done o | luring most of wor | rkina | 16b. Kind of | | |
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| CENL | | 19e. Informant's Name/Reletionship JOYCE BUTLER / D | | | | | | ARK COUR | | | | |
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| permit. Pages Department of Important: if it any injury or o | | 21. Signature of Funeral Sarvice Lice LYDIA C. THORN | onsee John TON JOHNSON | ran | TH | ORNTO | Addres V F | JNERAL H | OME, P. | Α. | | |
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| Physician /Medical Examiner | | Immediata Cause (Finel diseesa or condition resulting In death) | e. Cere | la | an | | | | | | | 3 min |
| p ± | ner | | lles | Due to (or es | a consequ | ience of): | lack | hin | | | | 2 hrs |
| be executed lician and buriel-trensit | I Examiner | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury | Cer | Due to (or as | a consequ | ienca of): | la. | 1 (en e | | | | 30 ym. |
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| ires that the death cert signed by the attending d be deteched for use | Physician/ | Pert II. Other significant conditions | contributing to death but | ut not resuitin | g in the un | derlying cau | se give | en In Pert I. | 23b. Did | I tobacco use c | ontributs to | o the cause of deat |
| e de de | by Phy | | | | | | | | 10 | Y88 2 1 No | 3□ Pro | bebly 4 Unknow |
| or Attending Physician: The lew requires that after death. Director: After this certificate has been signed bit in by the funeral director, page 2 should be determined. | Completed b | | | | | | | | 24a. Was | s an autopsy formed? | av | ere autopsy findings ailable prior to impletion of cause death? |
| The la | E CO | | | | | | | | 10 | Yes 2 No | 10 | □Yes 2□No |
| ysician: The sectificate director, pag | Be | 25. Wes case referred to medical examiner? | I form that | | | | 0.1 | 26. Place of Dee | th (Check only | one) | | |
| Physician: this certific ral director, | 9 | 1 Yes 2 No | Hospitel: 1 Inpatie | | Outpatient | | Othe | 4 Li Nuising n | lome 5 Res | | | у) |
| Attending F r death. ector: After by the funer | Certification: | 27. Menper of Deeth 1 Neturel 5 Pending 2 Accident investigeti 3 Sulcide 6 Could not | | Year) 281 | b. Time of injury | M 28c | i. Injury Work | ret (? Yes 2 □ No | | how Injury occu | | |
| tal or Atrice all Direct led in by | Certif | 4 Homicide determine | | ury - At home, c. (Specify) | , ferm, stre | et, fectory, o | office | | | (Street and Num own, Stete) | nber or Rure | al Route Number, |
| To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completely filled in by the funeral | Medical | 29a, Cartifier 1 ☐ Certifying P (Check only one) 2 ☐ Medicat Exa | hysician: To the best o miner: On the basis of end menner ste | examinetion | ige, deeth and/or inve | occurred et i estigation, in | the time my op | e, dete and piece Inion, deeth occu | , and due to the rred et the time | cause(s) and n , dete and plece | nenner as s , and due to | tated. the cause(s) |
| To the Within Complex | Σ | 29b. Signeture and title of certifier | de 10 | | | | icansa -111 | number | | 29d. Data sign | | |
| | | 30. Name and address of person who Arthur Wooddy, MD 1 | completed cause of do 00 Washington | | | |), Lá | a Plata, M | aryland, | | | |
| State Registra | _ | 31. Date filed (Month, Day, Year) MAY 2 1 19 | 97 Julia | Audior | Rarda | Ц | | | | | | |

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| for must be notified | 5 | MD | Monto | gomer: | У | | Gaith | ners | burg | 3 | | | | | | Yas 2□ |
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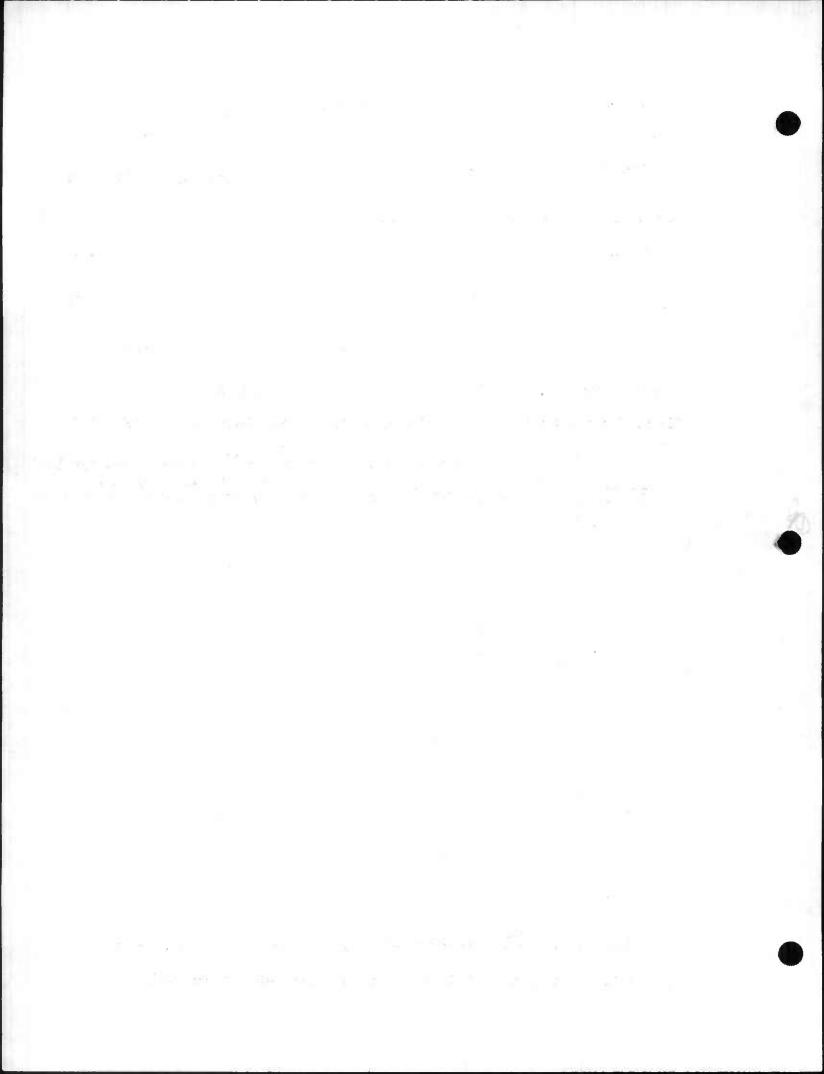
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State of Maryland / Department of Health and Mental Hygiene

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| | | | | | Cei | rtificate of | Death | Be | eg. No. | | 000. |
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| Physic | | 1. Decedent's Neme (First, Midd VIRGINIA | fle, Last) Pare | V | ANDY | lle | | 2. Dete of Deet Month | - | Yeer 1997 | 3. Time of Deeth 1338 //;3 |
| /Med Exami | | 4e. Fecility Neme (If not institution | | | | | 4b. City, Town, or L | | 4c. County | | , |
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| Funeral Director | | 5. Social Security Number 226–58–8191 | 6. Sex 7. | Age (In yrs. la 83 | ast birthday) Yrs. | Months Deys | | | , ^{Yea} (⁾ 914 | 9. Birthpl Court | lece (Stete or Foreign Pirginia |
| pue * | | Usuel Residence of Decedent 10a. Stete 10b. Count | V | 10c. City | , Town or Lo | cation | | | | 1/ | Od. Inside City Limits |
| Maryl | to | | hington | | | | Hagerstow | n | | | 1 ☐ Yes 2 No |
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| th wit | a D | 11403 Stonecro | oft Court | | | | 21742 | | | USA | A |
| be filed within 72 hours efter death with the Manyland that Hygiene. Id other than "natural", or items 23a or 28s-f show event, the Med cal Exerciner must be inclined. | by Funeral | 11. Meritel Stetus 1 Never Merried 2 Mai 3 Newed 4 Divorced | Was Cina | No No | | Wes Decedent of f Yes, specify Cul | Hispenic Origin? (Spen, Mexican, Puerto Specify: | pecify Yes or No- Rican, etc.) | | ee - America ck, White, e | etc. |
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| filed within Hygiene. ther than ond, the Me | CO | 17. Fether's Neme (First, Middle, | (net) | | | Home | maker | - (Flora Adistrilla A | | vn Hon | ie |
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| d 2 should be filled th end Mental Hygi 7 is marked other traumatic event, | 2 | 19e. informent's Neme/Reletion | | | 19b. Mailin | ng Address (Stree | it and Number or Ru | | | State 7in | Code) |
| C - 01 - | | Martha K. Swar | mer, Daught | er | | | Shop Roa | | | | |
| - I 5 5 | | 20e. Method of Disposition 1 🔀 Buriai 2 🗆 Cremetion 4 🗋 Donetion 5 🗋 Other (5 | | 10 | eca of Dispo metery, cren | sition (Neme of netory or other pla en Cemet | ece) | Dete 2 | 20c. Location - | City or Tov | |
| permit. Peges Depertment of Important: If if any injury or once. | | 21. Signeture of Funerel Service | | res | 22 | . Nama end Addr | | _ | | LOWIT, | rarytana |
| Physician /Medical Examiner | | 23a. hart1. Enter the please, of shick, or haart failure. List Immediate Cause (Finel disasse or condition rasulting in deeth) | e. Card | | | | | or respiretory erre | est, | | Approximete Interval Between Onset end Deeth |
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| v requires that the death certification is greed by the ettending should be deteched for use et | Physician | Pert II. Other significant condition | ons contributing to death | but not result | ting In the un | nderlying causa gi | ven in Pert i. | 23b. Did tot | | | the cause of death? |
| gned be de | by P | Thursels The | | | | | | | 32(110 | 0 1100 | abiy 4 dikilowii |
| clan: The law requires that the serificate hes been signed by the ector, page 2 should be detech- | Completed | Dialetes me Morbid obes | ietz | | | | | 24e. Wes en perform | | com | re sutopsy findings llable prior to apletion of cause aath? |
| The It | Con | | | | | | | 1 □ Ye | s 20 No | 10 | Yes 2 No |
| ysicien: The lav is certificate hes director, page 2 | Be | 25. Wes case referred to medica examiner? | | | | | | h (Check only one | e) | | |
| Physic this c | 2 | 1 ☐ Yes 2 No | Hospitel: | | R/Outpetien | JU DON | | me 5 Resider | | |) |
| leath. lor: After the funer | ertification: | 27. Mennar of Death 1 Naturel 5 Pendir 2 Accident investi 3 Suicide 6 Could | gation | Dey Yeer) | 28b. Time of tnjury | 28c. Inju Wo M 1 | rk? Yes 2000 | 28d. Describe ho | w Injury occuri | red | |
| To the Hospital or Attending Physician: within 24 hours elfer death. To the Funeral Director: After this certific, completely filled in by the funeral director. | Certifi | 4 ☐ Homicida determ | ined 286. Placa of I | njury - At hom etc. <i>(Spacify)</i> | ne, farm, stre | et, factory, office | | 28f. Location (Str. City or Town, | eet and Numb , Stete) | er or Rural | Route Number, |
| ne Hospi n 24 hou ne Funer pletely fill | edical | 29e. Certifier (Check only one) Certifyir 2 Medicat | ng Physician: To the besis Examiner: On the besis end menner: | of examinetio | adga, deeth on end/or Inv | occurrad et tha ti estigetion, in my | ma, date and plece, opinion, deeth occur | end due to tha car red et the time, de | use(s) end ma ite end placa, o | nner es ste end due to | ited. tha cause(s) |
| To the comp | M | 29b. Signature and title of certifie | 11.1.1 | 0 | | 29c. Licens | | 29 | d. Data signed | d (Month, D | ley. Year) |
| | | has | Walker! | ~() | | AT24 | 138946 | | 18 M | ay, | 1997 |

State Registrar

MARIA A. HAUSTED MO

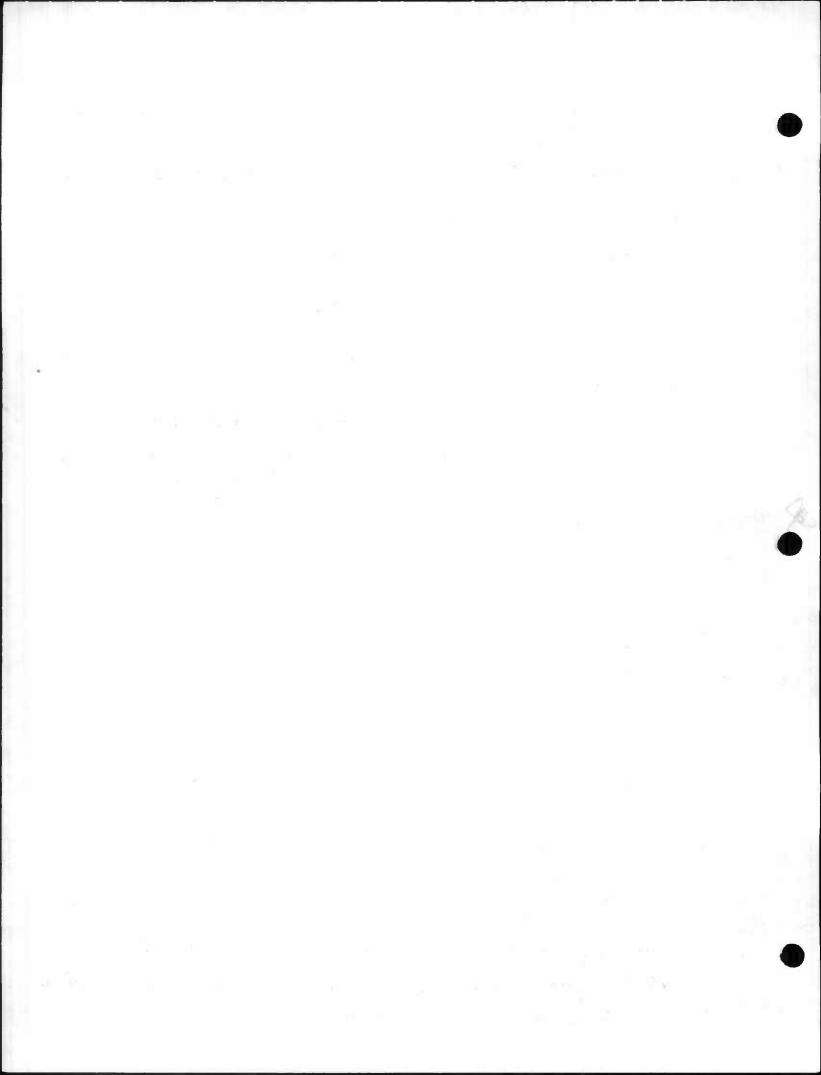
30. Name end eddress of person who completed causa of daath (item 23e) (Type, Print)

DHMH 16 Rsv 6/95

No special section of the section of

| | | | State of Ma | ryland / Depa <i>Cei</i> | artment of F rtificate of | | Mental Hy | giene Reg. No. | 97 | 16635 |
|--|----------------|--|--|--|---|-------------------------------------|-----------------------------------|----------------------------|-------------|--|
| Physi | | 1. Decedent's Name (First, Middle, Las Angela C. Valle | • | | | | 2. Date of De Month May | Day | Year 997 | 3. Time of Death 1:15 AM |
| /Med Exam | | 4e. Fecility Name (If not institution, give | | | | 4b. City, Town, or Le | | | | 1.15 AT |
| o Funera Directo | _ | Montgomery General 5. Social Security Number 6. Se 375-50-7054 Usual Residence of Decedent | | 1 (In yrs. last birthday) 80 Yrs. | If Under 1 Year Months Deys | Olney If Under 24 Hrs. Hours Min. | 8. Date of Bir (Month, Da Dec . 2 | | Count | ace (State or Foreign |
| ahow | | 10a. Stete 10b. County | | 10c. City, Town or Lo | cation | | 7 | | 10 | Od. Inside City Limits |
| the Mar 28a-f at | ctor | Virginia Fairfax | | Burke | | | | | | 1 ☐ Yes 2 ☑ No |
| vith th | Director | 10e. Street and Number | | | 10f. Zip Code | | | 10g. Citizen of V | Vhat Count | ry? |
| er death w items 23a | Funeral | 10003 Beacon Pond | Lane 12. Was Decedent Ev | verin li S 13 V | 220 | 15 lispenic Origin? (Sp | ecity Ves or No | USA | e - America | an Indian |
| 020 burs after d alf, or iten | by | 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced | Armed Forces? 1 Yes 2 No if Yes, Give Year or Dates: | | f Yes, specify Cubi 1⊠ Yes 2□ No Argenti | an, Mexican, Puerto Specify: | Rican, etc.) | | k, White, e | etc. |
| 21215-0020 d within 72 hours after death with the Maryland glene. r than "natural", or fleme 23a or 28a-f ahow in a Mexical Examiner must be notified at | Completed | 15. Decedent's Edu (Specify only highest grad Elementary/Secondery (0-12) | ication le co <i>mpleted)</i> College (1-4or 5+ |) | dent's Usual Occup kind of work done DO NOT use retired | pation during most of work d) | ing | 16b. Kind of Bu | siness/Ind | ustry |
| A DO | | 12 17. Fether'e Name (First, Middle, Last) | | Tra | nslater | 18. Mother's Name | a (First Middle | | _ | ernment |
| aryland 212: should be filed within of Mental Hygiene. marked other then matic event, the Ma | To Be | Jose Gorostidi | | | | Matild | | maidel Jumani | 0) | |
| S I S I | - | 19a. Informani's Name/Relationship (T) | | 19b. Mailin | ng Address (Street | and Number or Run | al Route Numb | er, City or Town, | State, Zip | Code) |
| | | Edward E. Vallejo | s / Son | | | Pond Lane | | | | |
| | | 20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremation 3 ☐ F | | 20b. Plece of Dispo- cemetery, crem National | natory or other place | | Date /7 /07 | 20c. Location - | | |
| Baltimo permit. Pages Department of Important: If It any Injury or | | 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funerai Service Licens | | | | ss of Fecility Hin | | | | Virginia Home |
| m Fage 8 | | Deany . | Domes | $\frac{1}{s}$ | 1800 New | Hampshir ring, Mar | e Avenu yland | e 20904 | LIGI. | Home |
| Physician /Medica Examine | | 23e. Pert1. Enter the disease, & complishock, or heart failure. Lis) only of the complex conditions are condition resulting in death) | . Ch | runic 05 | structiv | | | | 1 | Interval Between Onset end Death |
| death certificate be executed death certificate be executed e attending physician and dor use as the burial-transit | al Examiner | Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury | D | ue to (or as a consequ | uence of): | | | | | |
| BOX 68760, leath certificate be extending physician affor use as the burial- | n/Medical | that initiated events resulting in death) Last | D. | ue to (or as e consequ | uence of): | | | | | |
| O. B. in death the attempt of the death | Physician/M | Pert II. Other significant conditions cor | tributing to death but | not resulting in the un | nderlying cause giv | en in Part I. | 23b. Did | tobacco uee con | tribute to | the cause of death? |
| d by | by Phy | Dysphagia | | | | | | . / | | ably 4 ☐ Unknown |
| 2 8 8 | Completed | | | | | | | an autopsy med? | avai | re autopsy findings ilable prior to apletion of cause eath? |
| The la | | gastrostomy | | | | | 101 | res 2000 | 10 | Yes 2□ No |
| OT VITAL I Physicien: The rhis certificate ral director, pag | Be C | 25. We case referred to medical examiner? | lospitai: A | - 5 | Oth | 26. Place of Deeth | | | | |
| Ing Ing | ation: To | 27. Manner of Death 14 Natural 5 Pending 2 Accident Investigation | 28a. Date of fnjury (Month, Day) | 28b. Time of | 28c. Injury | 4 LI Nursing Ho | | dence 8 Othe | | |
| 2 2 4 2 5 | Certification: | 3 Suicide 6 Could not be determined | 28e. Place of Injury building, etc. | / - Al home, farm, stre (Specify) | eet, factory, office | | 28f. Location (\$ City or Tow | Street and Numbern, State) | er or Rural | Route Number, |
| To the Hospital or within 24 hours afte To the Funeral Dir completely filled in | edicai | | ician: To the best of r ner: On the basis of ex and menner state | | | | | | | |
| To t To t | Σ | 29b. Signeture end title of certifier | | | 29c. License | number | | 29d. Date signed | (Month, D | ay, Year) |
| ,1 | | gut fren | - W | | 018 | +26 | | MAy 5 | . 15 | 57 |
| + | | 29b. Signeture end title of certifier 30. Name and address of person who con TR. TT func Sur. 31. Date filed (Month, Day, Year) MAY 12 1 | mpleted cause of dear | th (item 23a) (Type, F | 18/01 / | Prince PL | ly D, | Olney | MO | 20132 |
| St Regist | ate rar | MAY 12 | 997 Deglistra | lia Davidson-1 | Pandalle | | , | | | |

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month 12 **Physician** MAY 1997 9:11AM IDAN (NMN) VAKNIN /Medical 4a. Facilify Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MONTGOMERY NATIONAL INSTITUTES OF HEALTH BETHESDA 7. Aga (In yrs. last birthday)

Q

Vrs.

If Undar 1 Yaar

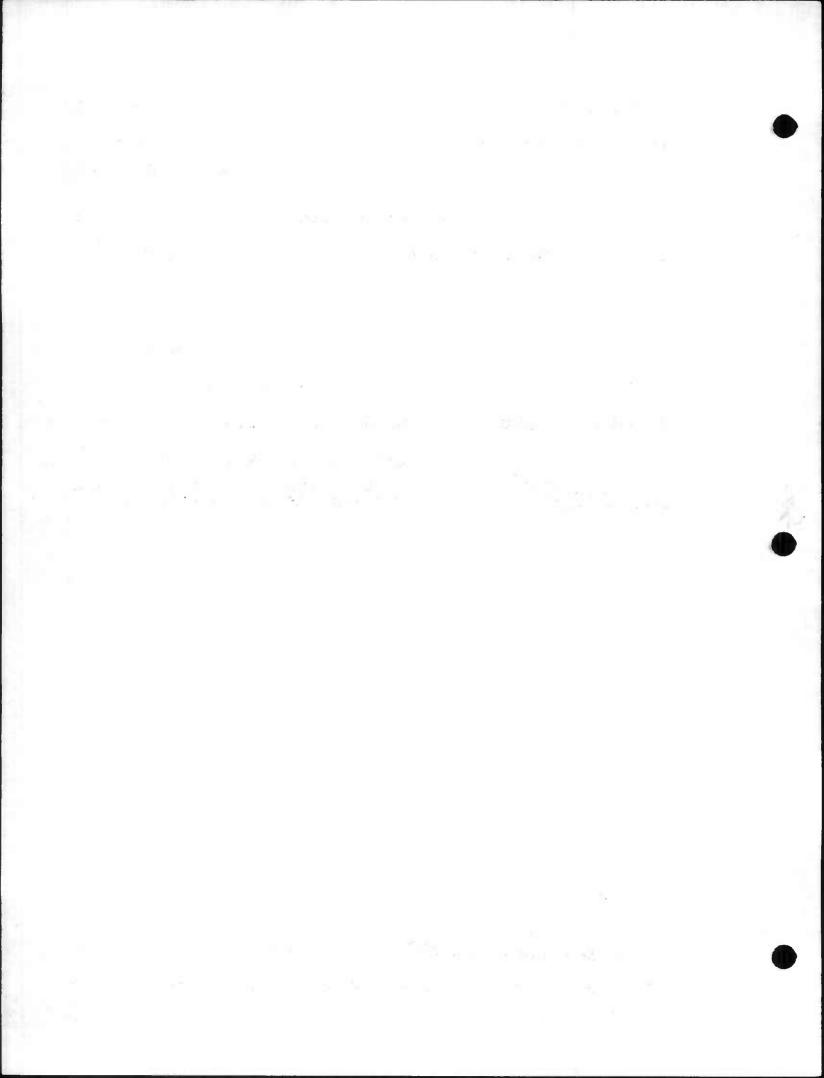
If Undar 24 Hrs.

Noneth Day, Year) 989 9. Birthplaca (Stata or Foraign 5. Social Sacurity Numbar **Funeral** 1 M 2□ F Director Usual Rasidence of Dacedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23a or 28s-f show the Medical Examiner must be notified at 1 1 Yas 2 □ No Director BET SHEMESH, ISRAEL 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? RICHOV SHEVTE YISRAEL, BLDG. 3 #10 ISRAEL Funeral permit. Pages 1 and 2 should be fited within 72 hours after dea Department of Health and Mental hygiere. Important: If Item 27 is marked other train "natural" — any injury or other traumatic event. 12. Was Dacedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. 1 M Nevar Married 2 Married 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 ☐ Yas 2 ☑ No by Specify: 3 Widowed 4 Divorced WHITE Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) Coilaga (1-4or 5+) STUDENT EDUCATION 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be MAIER VAKNIN MIRIAM BENLULU 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MAIER VAKNIN RICHOV SHEVTE YISRAEL BLDG.3 #10-BET SHEMESH, ISRAEL (FATHER) 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 □ Donation 5 □ Othar (Specify 5/13/97 BET SHEMESH CEMETERY BET SHEMESH, ISRAEL 21. Signature of Funaral Sarvice Licent 22. Nama and Addrass of Facility DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. 1170 ROCKVILLE PIKE - ROCKVILLE, MARYLAND 20852 23a. Part1. Entar tha disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween **Physician** /Medical Immediata Causa (Final 11 MOS DISSEMINATED ASPERGILLOSIS disaasa or condition resuiting in daath) Examiner Due to (or as a consequence of): Examiner YRS DISENSE CHRUNIC GRANULOMATOUS physician and the burial-trensit The law requires that the death certificate be executed Sequantially list conditiona, if any, laading to immadiata cause. Entar Underlying Cause (Disease or injury that initiated evants rasuiting in daath) Last Dua to (or as a consequance of): P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): attending p Part If, Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 5 1 ☐ Yee 2 No 3 ☐ Probably 4 ☐ Unknown signed b Division of Vital Records, þ 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? Completed peed page 2 s has 1 Yas 2 No 1 □ Yas 2 □ No certificate To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifical completely filled in by the funeral director, Be 25. Was casa referred to medical 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 1 Yas 2 No 1 X Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how injury occurred 28b. Time of 28c. injury at Work? 5 Panding Invastigation 1 XNatural 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 ☐ Suicida 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 1 Certifying Physician: To the best of my knowledga, death occurred at the time, date and place, and dua to tha causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certifiar Medical 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) MAY 12, 1997 4 (mumon 30. Nama and addrass of person who complated causa of death (item 23a) (Type, Print) CUNNON MID, 9000 ROCKVILLE PIKE, BETHESDA, MARYLAND 20892 32. Registrat's Signature State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Day Vost **Physician** Woodcock Mamie V. 1997 9:00 AM /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, give street and number) 4c. County of Death Examiner Salisbury Center: Genesis ElderCare Salisbury, MD Wicomico If Under 1 Year | If Under 24 Hrs. Months | Days | Hours | Min. 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Birthplace (State or Foreign Country) **Funeral** Months 1□M 2♥F 219-44-1719 102 Director Maryland Usual Rasidance of Decedent 10a State 10b. County 10c. City, Town or Location the Medical Examiner, must be notified at 10d. Inside City Limits 1 ☐ Yas 2 ☑ No Director Wicomico Salisbury 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 200 Civic Ave. U.S.A. Funeral 21804 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Decedant Evar In U.S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status should be filed within 72 hours after 1 Never Married 2 Married 1 ☐ Yas 2 ☑ No If Yas, Giva Year or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ♥ No ģ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry than Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Be h and Mental I Samue1 Ρ. Woodcock 2 Carrie 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) pormit. Pages 1 and 2 st Department of Health and Important: If item 27 is n any injury or other traum Margaret L. Ekberg - niece 5 Driftwood Landing Gulf Stream, Florida 33483 20b. Placa of Disposition (Name of cematary, cramatory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State Parsons Cemetery 5-10-97 Salisbury, MD 21. Signature of Funaral Service Licensaa 22. Name and Addrass of Facility 705 E. Main St. Bounds Funeral Home Salisbury, MD 21804 uala auna Part. Entar tha disaase, or complications that causad the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Batween Onsat snd Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Dua to (or as a consequence Examiner adan 10 I or Attending Physicien: The law requires that the deeth certificate be executed efter death.

Director: After this certificate has been signed by the ettending physician end d in by the funeral director, page 2 should be deteched for use es the burial-transit Saquentially list conditions, if any, laading to immadiate causa. Entar Undarlying Cause (Disaasa or Injury that initiated avants rasulting in death) Last Box 68760, Physician/Medical Dua to (or as a consequenca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No by 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? Completed 1 ☐ Yas 2 PNo 1 TYes 2 No Be 25. Wes casa rafarrad to madical axaminar? 26. Place of Death (Check only one) Hospital: Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 9 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 DOA 28e. Deta of Injury (Month, Day Yaar) 27. Manner of Daath 28c. Injury at Work? 28b. Tima of 28d. Dascribe how injury occurred Certification: 1 Natural 5 Panding Invastigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 3 Suicida 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 Homicida 24 hours e 29a. Cartifier Medical 1 Cortifying Physician: To the best of my knowledga, daath occurred st tha tima, data and place, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stelled. To the I within 2 29b. Signatura and titla of partilla 29c. Licensa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of parson who completed causa of death (Itam 23a) (Type, Print) Robins M.D.
32. Ragistrar's Signatura
191997 Julia Davidson-Randall 1104 Healthway Dr., Salisbury, MD 21804 William 31. Data filed (Month, Day, Yaar)

DHMH 16 Rev 6/95

State

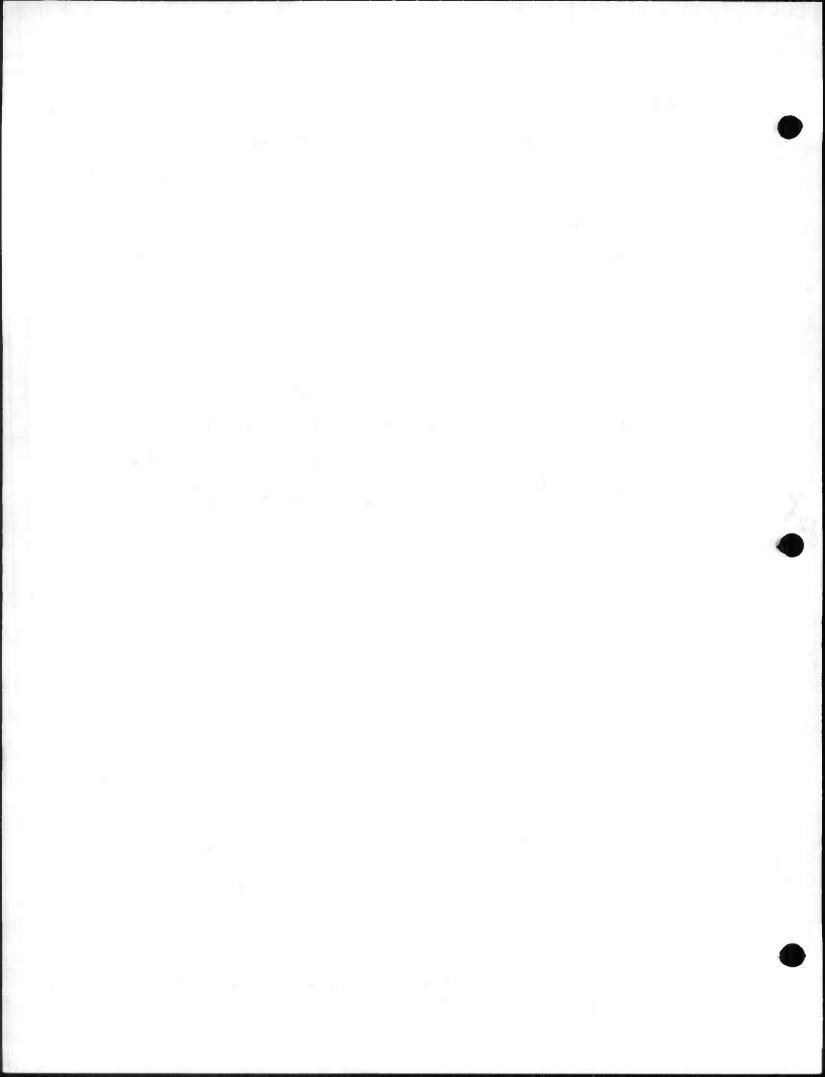
Registrar

MAY 09 1997

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

| .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | Cert | ilicale | OI | Deam | | | Reg. No. | | |
|---|--------------------|--|---|---|---------------------------------|--|----------------------|----------------------------|--------------|-------------------------------------|-----------------|--|-------------------------|-------------|--|
| Physi /Med | | 1. Decedent's Neme Ronald | | ast) | | | | | | | | 2. Dete of De Month May 1 | Dey 199 | Yeer 7 | 3. Time of Deeth 0840a |
| Exam | | 4e. Fecility Neme (If OCEAN (| | | umber) | | | | | 4b. City, To | | ocation of Deet | h 4c. Count WORC | | |
| Funera Directo | | 5. Social Security Nu. 217–44–123 | 30 | Sex M∏M 2□F | 7. Age (h | n yrs. lest bi | irthday) Yrs. | If Under 1 Months | Year Deys | If Under Hours | 24 Hrs. Min. | 8. Date of Bir (Month, De Oct 10 | th by, Year) 1949 | 9. Birth | plece (Stete or Foreign DE |
| p . | | Usuel Residence of 10a. Stete | Decedent 10b. County | | | 01. T. | | | | | | | | | |
| e Maryla ta-f shor | Director | MD MD | Worce | ster | 10 | c. City, Tov Be | rlin | | | | | | | | 10d. Inside City Limits 1 ☐ Yes 2 ☑ No |
| th th | ire | 10e. Street and Num | ber | | | | | 10f. Zip 0 | ode | | | | 10g. Citizen of | Whet Cou | intry? |
| h wi | | P. O. B | ox 333 | | | | | 2 | 181 | 11 | | | U. | s. | |
| 15-0020 72 hours efter death with the Maryland "naturel", or frems 23s or 28s-f show soical Examiner must be notified at | by Funeral | 11. Maritel Stetus 1 Never Marrie | | 12. Wes Dec Armed F 1 Yes If Yes, G | orces? 2 _ No ive | r in U,S. | | es Decede Yes, specif | | | | ecify Yes or No Rican, etc.) | 14. Ra Ble | | |
| Oo un on | Q p | 3 Widowed 4 | | Yeer or I | Detes: | | | | | | | | | , | |
| Maryland 21215-0020 d 2 should be filed within 72 hours eft th and Mental hygiene. 7 is marked other than "naturel", or treumetic event, the Modical Exam | Completed | (Specil | Decedent's E fy only highest gi | Education rede completed) |) | 16e | . Decede (Give ki | int's Usuel ind of work | done done | petion du <i>ring m</i> os d) | t of work | ing | 16b. Kind of B | lusiness/îr | ndustry |
| within 72 ene. | 문 | Elementary/Secon | ndary (0-12) | College (| (1-4or 5+) | | iife. Do | | | d) | | | | , | |
| other th | ပိ | 11 | | | | | | n | /a | | | | | n/a | |
| be filed that the dother event, | Be | 17. Fether's Neme (f | | • | | | | | | | | | Melden Sumer | ne) | |
| arylan should be nd Mental marked o | 2 | Clarence 1 | Norman W | haley | | | | | | Edna | a Mae | e Whale | Y | | |
| Maryla d 2 should th and Mer T is marke treumatic | | 19a. Informent's Nar | me/Relationship | (Type, Print) | | 19 | o. Mailing | Address (| Streat | end Numb | er or Rui | ral Route Numb | er, City or Town | , Stete, Zi | p Code) |
| | | Robert Wha | aley | | | 13 | 2 De | lawar | e A | Ave., | Sal: | isbury, | MD 2180 | 01 | |
| Baltimore, leading the permit. Peges 1 and Department of Heelt moortant: If itam 2. | | 20e. Method of Dispo | | | | 20b. Plece o | of Disposi | ition (Neme | of er nie | ca) | T | Dete | 20c. Location | - City or T | own, Stete |
| Pege ent o nt: If i | | 1 LX Buriai 2 □ 4 □ Donetion | Cremetion 3 [| | State | St. P | | | | , | 10 | 5/17/97 | Berlin | n MI | 21811 |
| Baltin permit. Pe Deperment Important: any Injury | 4 | 21. Signature of Fun | | | | DU 1 | _ | | | ss of Fecili | | 7/1/2/ | DOLLI | 1, 111 | 21011 |
| Ba Depe | | 1 | 11 1 | A | | | | Lewis | N. | Wats | son 1 | uneral | Home | | |
| | | 23a. Pertt. Enter the shock, or heart | 100 | 4 | | | | 1618 | Wes | st Rd. | , Sa | alisbur | y, MD 2 | 1801 | |
| ox 68760, certificete be executed anding physicien and use es the bunal-transit | n/Medical Examiner | Sequentially list con- if eny, leading to imr- cause. Enter Under Ceuse (Disease or in that initieted events resulting in deeth) Le | | b | Due | oto (or es e | conseque | enca of): | | | | | | | |
| death death ad for | Physician/M | Part II. Other eignific | cent conditions | d | leath but no | ot resulting i | in the und | lerlying car | ise aiv | ven in Pert i | | 23b. Did | tobacco use co | ontributa i | to the cause of death? |
| P.C D. d. b. the detach | | | | | | | | | | | | | Yes 25 No | | obably 4 Unknow |
| ecord sw requir is been s 2 should | Completed by | | | | | | | | | | | | en eutopsy rmed? | C | Vere eutopsy findings vallable prior to ompletion of cause I deeth? |
| The I | 5 | | | | | | | | | | | 127 | Yes 2□No | 1 | Yes 2□ No |
| Vital Indicate certificate rector, pag | 0 | 25. Wes case referre | ed to medical | | | | | | | 26. Plece | of Deet | h (Check only o | one) | | |
| of Vita Physician: r this certific and director, | To B | exeminer? 1 X Yes 2 □ N | ło | Hospital: | Inpatient | 2 ER/O | utpetient | 3□ DOA | Oth | | | | | ner (Sneci | SCENE |
| Phys erthis | | 27. Manner of Deeth | | 28a. Dete | of Injury | 28b. | Time of | | . Injur | | | | how Injury occur | | 9, 5521.2 |
| on dlng th. After | 유 | 1 ☐ Naturel 2 ☐ Accident | 5 Pending investigation | | ith, Dey Ye | - 1 | 06 | м | | rk? Yes 2 🖼 | No | Subje | of no | own | 01 |
| DIVISION or Attending I after death. Director: After | Certification: | 3 Sulcide | 6 ☐ Could not b | 20 | - 1 | | | et. factory. | offica | | | | | | rel Route Number, |
| DIV Pred Direct | T | 4 Homicide | determined | build | | At home, fa | aiiii, 5000 | or, radiory, | Jiiiou | | | City or To | vn, Stete) | | 64 |
| Di To the Hospital or within 24 hours after To the Funeral Dir completely filled in | edical C | | 1□ Certifying Pi | | e best of m | | | | | | | | cause(s) end m | anner as | steted. |
| he H he F piet | P | one) | egg modrout Exa | end man | ner stated. | The state of the s | ICO OF HITTO | sugetion, ii | i iiiy o | piriiori, dea | iii occur | red et trie tilite, | date end piece, | ella ane | o (ne cause(s) |
| To the Within 2 To the comple | Σ | 29b. Signature and ti | tio of continer | 111 | // | | | | | e number | | | 29d. Dete signe | | |
| | | • | | 4/ | 6/ | | | 0. | C. | M.E. | | | May 11 | , 19 | 997 |
| | | 30. Name and address | ss of person who | mpleted cau | se of death | | | | re | et | Ral | timoro | Marro | rland | 1 21201 |
| | | 31 Date filed (Mo- | S B B A Vonelle d | 007 | Cha. B. | | | | . 1. 6 | CL, | Dal | CTHOLE | , Hary | J. G11(| 1 21201 |
| S Regis | tate trar | 31. Date filed (Month | MAY TU | 1997 | 307 | Bione tura | rarda | Ц | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Death 3. Time of Deeth Month **Physician** 15, 1997 May 8:00 P.M. Cederick G. White /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 5495 Macs Hollow Road Calvert Prince Frederick | H Undar 1 Yaar | H Undar 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) | Min. | March 13,1921 9. Birthplaca (Steta or Foreign Country) Maryland 5. Sociei Security Number 7. Aga (In yrs. last birthday) **Funeral** 1 XM 2 ☐ F 76 Yrs. 218-14-3388 Director Usuei Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits T is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examinat must be notified at 1 ☐ Yes 2 ☑ No Director Prince Frederick Maryland Calvert 10f. Zip Code 10e, Street and Number 10g. Citizen of What Country? 20678 USA 5495 Macs Hollow Road Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? Was Dacedant of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican indian, Bleck, White, etc. filed within 72 hours efter Hygiene. ther than "natural", or ite 1 Syes 2 No1942-If Yes, Giva Year or Datas: 1946 1 ☐ Navar Married 2 ☐ Married 1 Yas 2 XNo Specify: Specify: Black þ ₩Widowed 4 Divorced 1946 Completed 18a. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grada complated) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Truck Driver Freight permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 ie marked other any Injury or other traumatic event. 17. Fethar's Neme (First, Middle, Last) 18. Mother's Neme (First, Middla, Meidan Sumama) Be White Joseph Irene Henson 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Conrad White/Son 5160 Macs Hollow Road Prince Frederick, MD 20678 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - Cify or Town, Stata 1 Burial 2 ☐ Cremation 3 ☐ Ramovei from State 5/21/97 Maryland Veterans Cem. Cheltenham, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funerel Sarvice Licensee 22. Nema and Address of Facility Sewell Funeral Home 1451 Dares Beach Rd. Prince Frederick, MD20678 ۶. 000 23a. Part1. Ehter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such es cerdiec or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximate interval Between Onset end Deeth **Physician** odnovaseular disease Immediete Ceuse (Finei disaese or condition resulting in deeth) /Medical Examiner Due to (or es a consequence of) Examiner burial-transit Sequentially ilst conditions, if eny, leeding to immediate ceuse. Enter Underlying Couse (Disease or Injury that initiated events resulting in deeth) Last and Due to (or es e consequence of) physician s the burial Physician/Medical Dua to (or es e consequence of) attending p Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 3 1 Yee 2 No signed I ð 24b. Were eutopsy findings available prior to 24e. Wes en eutopsy performed? Completed peed completion of ceuse of deeth? has page 2 1 Yes 2 No 1 ☐ Yes 2 No certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific completely filled in by the funeral director, Be 25. Was cese referred to medical exeminer? 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No Medical Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28e. Dete of injury (Month, Dey Year) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 1 Neturei 2 Accident 5 Pending 1 Yes 2 No investigation 3 Sulcide 6 Could not be 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piece of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, death occurred et the time, date and piece, end due to the ceuse(a) end menner steted. 29e. Certifier 29b. Signetura end titla of certifiar 29d. Date signed (Month, Day, Year) 29c. Ligansa number 9 umforson

2417 Solomons Island Rd. Huntingtown, MD 20639

(10)

The law requires that the death certificete be executed

Records, P.O. Box 68760.

Division of Vital

the Marylend

Baltimore, Maryland 21215-0020

State Registrar Zahir Yousaf, M.D.

30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

The base was a second or the

State of Maryland / Department of Health and Mental Hygiene Q

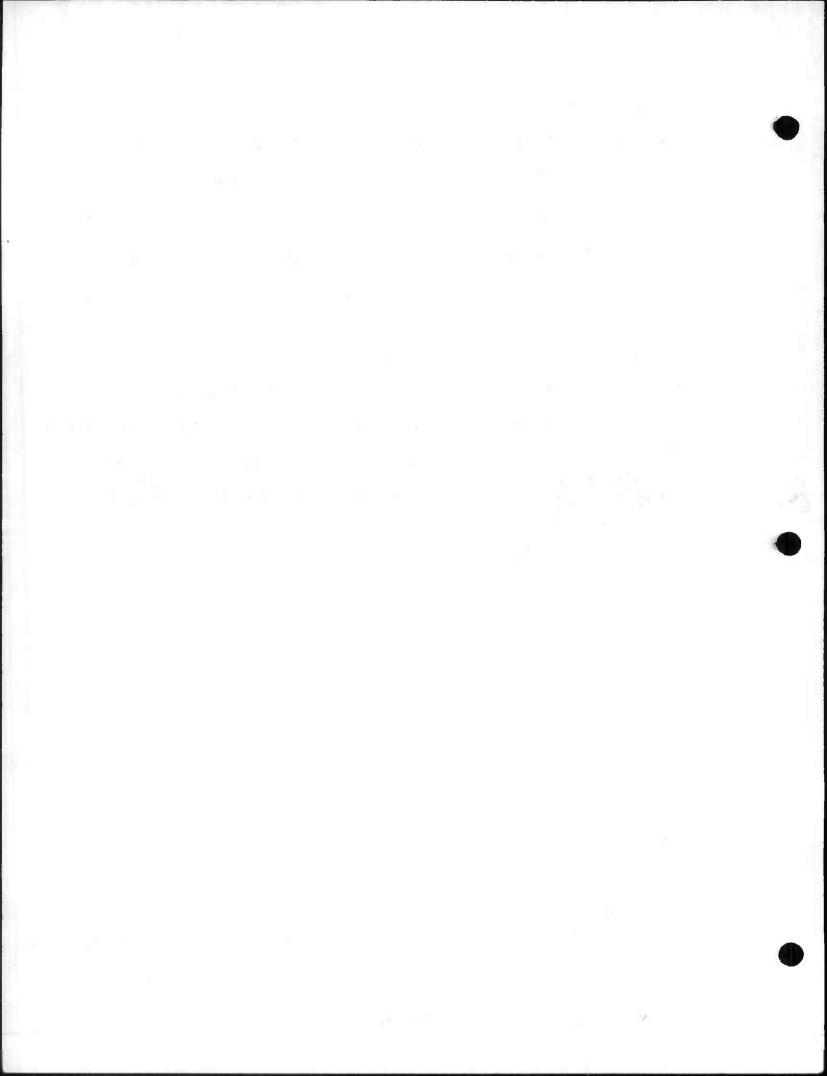
16640

| | | | | | | Ce | ertificate | e of | Death | | | Reg. No. | 1 | 10046 |
|--|--------------------|---------|--|--|---|--|--|----------|---|------------------------|------------------------------------|----------------------------------|---------------|--|
| | | | 1. Decedent's Nama (First, Middle, L | ast) | | | | | | | 2. Data of De | eath Day | Vana | 3. Tima of Death |
| | /siciar ledica | _ | Rober | ta Grah | am Whi | te | | | | | May | | Yaar 1997 | 12:40 p |
| | iedica aminei | _ | 4a. Facility Neme (If not Institution, g | iva street and nu | ımber) | | | | 4b. City, To | own, or L | ocation of Deet | h 4c. Count | y of Deeth | |
| a and | | | Residence: 207 | Harmony | Chapel | Road | | | C | onow | ingo | | Cecil | |
| Fune | | | | Sax | | s. last birthdey Yrs. | If Under Months | 1 Yea | r If Under | 24 Hrs. Min. | 8. Data of Bi | th ay, Year) 0,1899 | 9. Birthp | laca (Stata or Fore itry) aryland |
| | ,101 | 1 | Usuel Residence of Decedant | | | | | | | | Aug. I | ,,1000 | 116 | ilyland |
| dend w | | | 10a. Stata 10b. County | | 10c. C | city, Town or L | ocation | | - | | | | 1 | 0d. Inside City Lim |
| Mery | | 5 | Maryland C | eci1 | | | | C | onowin | 190 | | | | 1 ☐ Yas 2X |
| ₽ ₽ ₽ P | Mour S | 2 | 10e. Street and Number | | | | 10f. Zlp | | | | | 10g. Citizan of | What Coun | itry? |
| with an o | 2 | 5 | 207 Harmony Chap | el Road | | | | | 2191 | .8 | | | J.S.A. | • |
| Seeth | | 6 | 11. Maritai Status | 12. Wes Dec | edent Ever In | U,S. 13. | . Was Daced | ant of | Hispanic Or | igin? (Sp | ecify Yas or No Rican, atc.) | - 14. Ra | ce - Americ | an Indien, |
| Maryland 21215-0020 d 2 should be filled within 72 hours efter deeth with the Meryland th and Menial Hygiene. The merked other than "natural", or items 23s or 28s-f show | by Europe Director | 2 | Narried 2 Married 3 Widowed 4 Divorced | Armed Fe 1 ☐ Yes If Yas, Gi Yaar or D | ALXNo va | | If Yes, spec 1 ☐ Yas ፮ | | | | Rican, atc.) | Specia | fy: White. | etc. nite |
| 2 ho | Completed | 2 | 15. Decedent's I | Education | | 16a. Dec | edant's Usua | Occi | upation | | | 16b. Kind of E | Businass/Inc | dustry |
| 21: min 7: | old o | 2 | (Specify only highest g Elemantary/Secondary (0-12) | | | life. | edant's Usua e kind of wor DO NOT us | a retin | e during mos ed) | St OT WORK | ang | Western B | altimo: | re High Sch |
| 212 d withi giene. | | 5 | | Six Y | ears | | Schoo | ol ' | Teache | er | | Baltimo | ore, N | Maryland |
| and be file doth | Po B | | 17. Fether's Name (First, Middle, Las | it) | | | | | 18. Moth | er's Nam | a (First, Middle | , Maldan Suma | ma) | |
| A plud by A plud | T C | | Luciu | s Gerry | White | | | | | F | Rose Gra | aham | | |
| Maryland 2. d 2 should be filed v th and Mental Hygie | 5 7 | | 19a. Informant's Name/Relationship | (Type, Print) | | 19b. Mai | ling Addrass | (Stree | et and Numb | er or Rui | ral Routa Numb | er, City or Town | , State, Zip | Code) |
| Te, M | 5 | | Gary White (Gran | dnephew |) | 2759 | Moorg | gat | e Road | l, Ba | altimore | e, Mary | land | 21222 |
| Baltimore, Noemit. Peges 1 and Department of Heelth mportant: if Item 27 | | | 20a. Mathod of Disposition | | | Place of Disp cematary, cre | osition (Nam | na of | laca) | | Data | 20c. Location | - City or To | wn, Stete |
| Peges nent of Hunt: If Ite | 5 | | XIX Burial 2 ☐ Cramation 3 (4 ☐ Donation 5 ☐ Other (Spec | | Stata | | | | | rv | /16/97 | Colora | a. Mar | rvland |
| Baltimo permit. Page Department of Important: If | any injury | - | 21. Signature of Funaral Sarvice Lice | | 1110 | | 2. Name end | | | | 7 207 27 | 001010 | , | Juna |
| O FOE | SUC. | | 1 hours In | 124 | et 100 | | Lee A | P | atters | on 8 | Son F | uneral H | lome | |
| | | - | 23a. Part1. Enter tha disaasa, or cor shock, or haart fallura. List only | 100 | FITTON | -,04+ | Perry | vil | le, Ma | ryla | and 219 | 903-0188 | 3 | Approximate |
| Box 68760, eath certificate be executed watending physician and for use on the hundal transfer. | Medical Examiner | Medical | diseasa or condition rasulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Diseasa or Injury that initiated avents rasulting in death) Last | C C | Due to | (of las a consection of the co | equence of): Otto querice of): | of y | fai Stee | lur | e u | | viser | |
| Geath death death | Physician | 2 - | Part II. Other significant conditions | contributing to d | aath but not re | suiting in the | undarivino ca | ausa o | iven in Part | I. | 23b. Did | tobacco use of | Sontribute to | the cause of dea |
| P.O. hat the de de de de de de de de de de de de de | 74 | | nanh | C | · D | | 0 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | Yes 2 No | | pably 4 Unkn |
| S, F es that igned | 200 | | I'm wan | wons | au | sea | | | | | | | | |
| COFC require | in a series | מופות ה | | | | | | | | | | an autopsy ormed? | CO | ara autopsy finding allable prior to mpletion of cause daath? |
| Re lev te hes | Com | 5 | | | | | | | | | 10 | Yes 2□No | | Yes 2□ No |
| | Be C | | 25. Was casa rafarrad to medical | | | | | | 28 Plans | a of Deat | th (Check only | | | 3100 2210 |
| | TO B | | axaminer? 1 ☐ Yes 2 ☑ No | Hospital: | Inpatiant 2[| ☐ ER/Outpetie | ent 3 DO | Δ 0 | than | | 1/ | dance 8 Ot | har (Engels | v) |
| 0 5 5 | 5 | | 27. Manger of Death | 28a. Data | of injury | 28b. Time | | Bc. Inju | | ursing ric | | how injury occu | | 77 |
| Division of or Attending Physics of the death. Director: Attential in the fundamental in | Į. | 5 | 1 Natural 5 Panding 2 Accident Invastigation | (Mon | th, Day Year) | Injury | м | | ork?]Yas 2.[] | No | | | | |
| Vision Attending or death. | fica | 3 | 3 Suicida 6 Could not | be One Dies | of Injury - At | homa farm s | | | | - | 28f. Location | Street and Num | ber or Rura | l Route Number. |
| O Spirit | Certification | 5 | 4 Homicide | build | ing, etc. (Spec | ify) | | , | | | City or To | wn, Stata) | | |
| Division To the Hospital or Attending within 24 hours effer death. To the Funeral Director: Aft To omplately tilled in hythe fun | edical C | | 29a. Certifier 1 Certifying P (Check only one) 2 Medical Exa | minar: On the b | best of my kn asis of axamin nar stelled. | owledge, dea ation and/or le | th occurred anvastigation, | at the t | tima, data ar opinion, dae | nd place, eth occur | and due to the rad at tha tima, | cause(s) and m data and place | annar as si | ated. tha causa(s) |
| To the Vithin To the | N N | | 29b. Signatura and titla of certifier | can t | de | wel | 5 ^{29c} | Licar | sa number | -2 | | 29d. Data sign | ed (Morth, | Day, Year) |
| 71 | | - | 30. Nama and addrass of person who | completed servi | of chath the | m 23a\ /T | Drint\ | | | | | - 1. | VYL | 1 |
| 41 | | | Brian T. Yeo, M | | | | | 10 | Нати | . 4- | Cross | Ma1 | .d 01 | 1070 |
| - | Stote | | 31. Data filed (Month, Day, Year) | | I SOUTE Registrar's Sign | | avenu | ie, | navre | e ae | Grace, | Maryla | na Z | L078 |
| Red | State istrarاز | | MAY 1 6 1997 | 10 | Davidson | | | | | | | | | |
| ricg | ,uit | L | ווהו די ואווו | guna | ANGO PUNCH | Market | | | | | | | | |

DHMH 16 Rav 6/95

| Physician | | | | | | Ce | rtificate of | Death | | Reg. No. | ' ' | 10041 |
|---|-----|---|----------------------|---|-------------------------------|-----------------------|---|---------------------------|-----------------------|---------------------------------|-----------------------|---|
| /Alastiaal | ı | 1. Decedent's Name (First, Mid Edmond E. W | | | | | | | 2. Dete of D Month | Day | Yeer QQ7 | 3. Time of Death |
| /Medical Examiner | | 4a. Facility Neme (If not institut | on, give street e | nd number) |) | | | 4b. City, Town, o | r Location of Dea | ith 4c. County | of Death | 102 |
| | | VA Communit | y Res. | 236 | E. N | fain | St. | Elkt | on | C | eci1 | |
| Funeral Director | | 5. Social Security Number 093-16-6149 | 6. Sex 1☐XM 2[| | ge (In yrs. Ia 77 | st birthday) Yrs. | Months Days | If Under 24 H Hours Mi | n. (Month, L | irth Dey, Year) | 9. Birthpla Counti | ace (State or Forei |
| 2 | - | Usual Residence of Decedent 10a. State 10b. Coun | hu | | 10c City | Town or Lo | nastion | | | | | |
| 23a or 28a-f show | - 1 | | ecil | | Too. Only, | | | | | | 10 | d. Inside City Limi |
| r tiems 23s or 28s-fs river must be nother Funeral Director | 3 | 10e. Street and Number | ECII | | | EIK | 10f. Zip Code | | | 10g. Citizen of V | What Count | Δ |
| 23a or | 5 | 236 E. Main | Stree | t | | | | 1921 | | | | |
| items 2 | | 11. Marital Stetus | 12. Was | s Decedent | Ever in U,S | 13. | Was Decedent of H | | (Specify Yes or N | lo- 14. Rac | U.S. | n Indian, |
| | | 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ※ Divorce | rried 117 | ned Forces? Yes 2☐ es, Give ar or Dates: | No | | 1 Tes, specify Cub 1 Yes 2 No | Specify: | erto Hican, etc.) | Specify | ck, White, e | ite |
| "natural", adical Exp | | 15. Deced | nt'a Education | f= 4= =f1 | | 16a. Dece | dent's Usuel Occup | pation | and to a | 16b. Kind of B | usiness/Indu | ustry |
| Lan Ch | 1 | (Specify only high Elementery/Secondery (0-12 | Coll | lege (1-4or | 5+) | life. | kind of work done DO NOT use retire | during most of w d) | ronking | | | |
| d other event, | | 17. Father's Name (First, Middle | | | | | auteu | 18. Mother's N | ame (First, Middl | e, Maiden Sumen | 10) | |
| marked other turnatic event, the | | Bertram Wig | gins | | | | | Vi | olet G | ordon | | |
| ls me | | 19a. Informant's Name/Relation | ship (Type, Prin | nt) | | 19b. Meili | ng Address (Street | end Number or i | Rurel Route Num | ber, City or Town, | Stete, Zip (| Code) |
| n 27 | | Jay McGrana | han, LC | SWC | | V.A. | Med. C | enter, | Perry | Point, | Md. | 21902 |
| if ite | 1 | 20a. Method of Disposition X Burlal 2 □ Cremetion | 3 □Removal | I from State | COF | ca of Dispo | osition (Name of metory or other ple | | Date | 20c. Location - | City or Tow | m, State |
| tant | | 4 Donetion 5 Other | Specify) | | | timo | re Natio | onal 5 | 20/97 | Balti | lmore | , Md. |
| Depertment of Health of Important: If them 27 is any injury or other tree once. | | 21. Signefure at runeral Service | Ubensee 4 | | | | 2. Name and Addre | | 259 me E1kt | E. Mai | n Sti | reet, |
| | 1 | 23a. Part1. Enter the disease, shock, or heert failure. Li | or complications | that cause | d the death. | | | | | | | Approximate Intervel Between |
| physician and the burlal-trensit | | Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury | b | | Due to (or a | | | | | | 1 | |
| ed by the ettending physicia detached for use es the bur | | Cause (Diseese or Injury that initieted events resulting in deeth) Last | d | | Due to (or a | s a conseq | quence of): | | | | | |
| the eff | 1 | Part II. Other significant condit | lons contributing | g fo death b | ouf not result | ing in the u | inderlying cause giv | en in Part I. | 23b. Did | i tobscco use co | ntribuls to | the cause of desi |
| t by the stack | | | | | | | | | 10 | Yes 2□No | 3 Prob | ably 4 Unkno |
| 5 8 5 | | • | | | | | | | - | | | |
| houl | - | | | | | | | | | s en eutopsy formed? | svai | e autopsy finding: lable prior to pletion of cause eath? |
| pege Com | | | | | | | | | 1 | Yes 2 No | 10 | Yes 2□ No |
| director, pege 2 s | | 25. Was case referred to medic exeminer? | al | | | | | 26. Plece of D | eeth (Check only | one) | | |
| 9 0 | | 1 Yes 2□ No | Hospital: | 1 🗆 Inpatie | ent 2 El | R/Outpatier | | 4 Li indisilig | Home 5 Res | sidenca 6 □Oth | er (Specify) | |
| To the Funeral Director: After this completely filled in by the funeral d | 2 | E LI MODICIONIL | tigation | Date of Inju (Month, Da | lry Ny Year) | 8b. Time of Injury | Wor | yat k? Yes 2 □ No | 28d. Describe | how injury occur | red | |
| al Director: After the funeried in by the funeric Certification: | | 3 ☐ Sulcide 6 ☐ Could 4 ☐ Horniclde deter | not be mined 28e. | Place of Inj building, et | jury - At hom c. (Specify) | e, farm, str | reet, factory, office | | | (Street and Numb own, Stete) | er or Rural | Route Number, |
| within 24 hours end To the Funeral Dirth completely filled in Medical Cert | | | Examiner: On | | f examinatio | | h occurred et the tir vestigation, in my o | | | | | |
| Toth | | 29b. Signeture and title of certif | | / - | m | 5. | 29c. Licens | | | 29d. Date signe | d (Month, D | |
| +1177 | 3 | 30. Name and address of perso W. Bruce Ol | who completed | | leath (Item 2 | 3a) (Type, | Print) Alespit | 5779 | 4/00 1 | nd 21 | 921 | |
| State | 3 | 31. Date filed (Month, Dey, Yea |) | 32. Registr | er's Signatu | re | | 44 111 | 1 | / | 1 ~1 | |
| Registrar | | MAY 1 9 19 | 97 | tille Da | widson | parplas | <u>r</u> | | | | | |

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

AVERY MIGUEL WHEELER Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month AVERY MIGUEL WHEELER MAY 1997 10 3:05 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** 5318 85th. AVENUE CARROLLTON NEW PRINCE GEORGES | Months | Days | Hours | Min. | Min. | JAN. 18, 1962 | WASHINGTON, D.C. 5. Social Security Number 7. Age (In yrs. lest birthdey) 35 Yrs. **Funeral** Months XXM 2□F 577-02-7878 Director Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show ins 23a or 28a-f shov MARYLAND PRINCE GEORGES NEW CARROLLTON XX Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5414 85TH AVE. #201 20784 UNITED STATES Funeral Items 2 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 11. Marital Status the Medical Examiner filed within 72 hours after XX Never Married 2 Married 6 1 ☐ Yes X No Specify: Specify: BLACK þ 3 ☐ Widowed 4 ☐ Divorced "natural" Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. Int. II flam 27 is marked other than ' Elamantary/Secondary (0-12) 9TH Collaga (1-4or 5+) HOME IMPROVEMENT CONSTRUCTION(PRIVATE) traumatic event. Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) REV. WILLIAM LUMEL WHEELER THELMA REGINA WOODLAND TAYLOR 19e. informent's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Straat end Number or Rural Route Number, City or Town, State, Zip Code) If Hem 27 or other to REV. WILLIAM L. WHEELER/FATHER 5929 ADDISON ROAD, SEAT PLEASANT, MARYLAND 20743 Baltimore, 20b. Place of Disposition (Name of 20s. Method of Disposition 20c. Location - City or Town, Stete Date HARMONY MEMORIAL PARK CEM. 05-15-97 LANDOVER, MARYLAND XXBurial 2 Cremation 3 Removal from State fant: If 4 ☐ Dongsipn 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenti 22. Name and Address of Facility Land DUDLEY FUNERAL HOME EDWARD M. DUDLEY

3200 RHODE ISLAND AVE., MT. RAINIER, MARYLAND shock, or heer failure. List only one cause on each line.

3200 RHODE ISLAND AVE., MT. RAINIER, MARYLAND Approximate Approximata intervel Between Onset end Deeth Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of): Do assoc Box 68760, Physician/Medical 2 Due to (or as a consequence of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 M Unknown Records, ģ Completed 24b. Were eutopsy findings evellable prior to 24a. Was an autopsy performed? completion of cause of death? Yes 2 No certificate Division of Vital Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other 4 Nursing Home 5 Residence 6 Other (Specify) SCENE 2 1EXYes 2□No this 27. Manner of Death 28d. Describe how injury occurred Certification: 28a. Date of Injury (Month, Day Year) 28b. Time of Affisi Attending 1 | Natural 5 Pending investigation UNK 281. Location (Street end Number or Rural Route Number, City or Town, State) death 1 Ves 5.10. 2 Accident after death 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Ave New Corrollfor To the Hospital within 24 hours a To the Funeral C 1 Certifying Physicien: To tha best of my knowledga, daath occurred et the tima, date end piaca, end due to the cause(s) end mennar es stated.

2 Medical Exeminar: On the besis of axamination and/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the causa(s) end manner stated. 29a. Certifie Medical /Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) O.C.M.E. MAY 10,1997 completed cause of deeth (Itam 23e) (Type, Print) LOKON 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Dey, Year) State

Registrar

Frank ...

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Alimetta L. Whitley May 1:43 PM 1997 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Doctors Community Hospital Prince Georges Lanham 5. Sociel Security Number If Under 1 Year Months Days 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 1□M 200 F 60 Yrs. 238-64-7280 Director March 3, 1937 North Carolina Usuet Residence of Decedent 10b. County Prince George's 10e Stete 10c. City, Town or Location 10d. Inside City Limits Landover Mary land 1X Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 20785 1829 Village Green Drive Funeral 11. Maritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedant of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 1 Never Married 20 Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 ☐ Yas 2 No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Etementary/Secondary (0-12) Collaga (1-4or 5+) Book Binder Government Printing Office 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middla, Maidan Sumama) Be Sally Taylor Samuel Taylor 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) Mr. Herman Whitley (Husband) 1829 Village Green Drive Landover, Maryland 20785 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Mathod of Disposition 20c. Location - City or Town, State 1XXBurlal 2 ☐ Cremetion 3 ☐ Removel from State Lincoln Memorial Cemetery 5/15/97 Suitland, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility Rollins Funeral HOme, Inc. ter the diseesa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrest, heart feilura. List only one causa on each lina. Approximata intervel Between Onset end Death **Physician** /Medical Immediate Ceuse (Final . VENTRICULAR FIBRILLATION disease or condition resulting in death) Examiner 3 Vessel Atherosekrotic Coronary Arten Due to (or es e consequenca of):

Disease Examiner Sequentially list conditions, if eny, laading to immediate causa. Enter Undarlying Ceuse (Disease or Injury thet initiated evants resulting in daeth) Lest DIABETES Physician/Medical Due to (or es e consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying causa givan in Pert i. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No þ 24b. Wera eutopsy findings evelleble prior to complation of cause of death? 24a. Was en eutopsy performed? Completed 1 Yes 2 □ No 1 Pas 2□ No Be 25. Was case refarred to medical 26. Plece of Death (Check only one) exeminer? 1 res 2 No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 1 ■Inpatient 2 □ ER/Outpetient 3 □ DOA 27. Mennar of Death 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Certification: 5 Pending Investigation 1 Matural Injury 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be datermined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28a. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledga, deeth occurred at the time, date end plece, end due to the ceuse(s) end mannar as statad.

2 Medical Exeminer: On the best of exeminetion end/or investigetion, in my opinion, deeth occurred at the time, date end placa, and due to tha cause(s) and mannar stated. 29e. Certifier Medicai 29b. Signature end title of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) D43864 30. Name and address of person who complated cause of daath (Itam 23a) (Type, Print) James Elliott, MD 8118 Good Luck Road, Lanham, MD 31. Date filed (Month, Day, Year) 52. Hegistrar's Signature MAY 19 1997

State Registrar

with the Maryland

7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinet must be notified at

permit Pages I and 2 should be filed within Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "

6

attending physician and for usa as the burial-transit

signed by the a

been sig

Aftar this

death.

To the Hospital or Attendition 24 hours after death.
To the Funeral Director: A

filled in by the funeral

that the death certificate be axecu P.O. Box 68760,

Records,

Division of Vital

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A STAM

Registrar

31. Dete filed (Month, Dey, Year) State 19 32. Registrer's Signature who structure has

Marin Barrell Commented

the war that a general terminal and

Division of Vital Records, P.O. Box 68760, Hospital or Attending Physician: To the Hospital within 24 hours a To the Funeral C completely filled.

The law requires that the deeth certificate be executed

death with the Maryland

Baltimore, Maryland 21215-0020

1 Yes 2 No investigation 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 Suicide fi Could not be 28e. Piace of fnjury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 11 Cerutying Physicien: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. Medical 29e. Certifier 29b. Slaneture end title of certifie 29c. License number 29d. Date sid led (Month, Dev. Year)

State Registrar

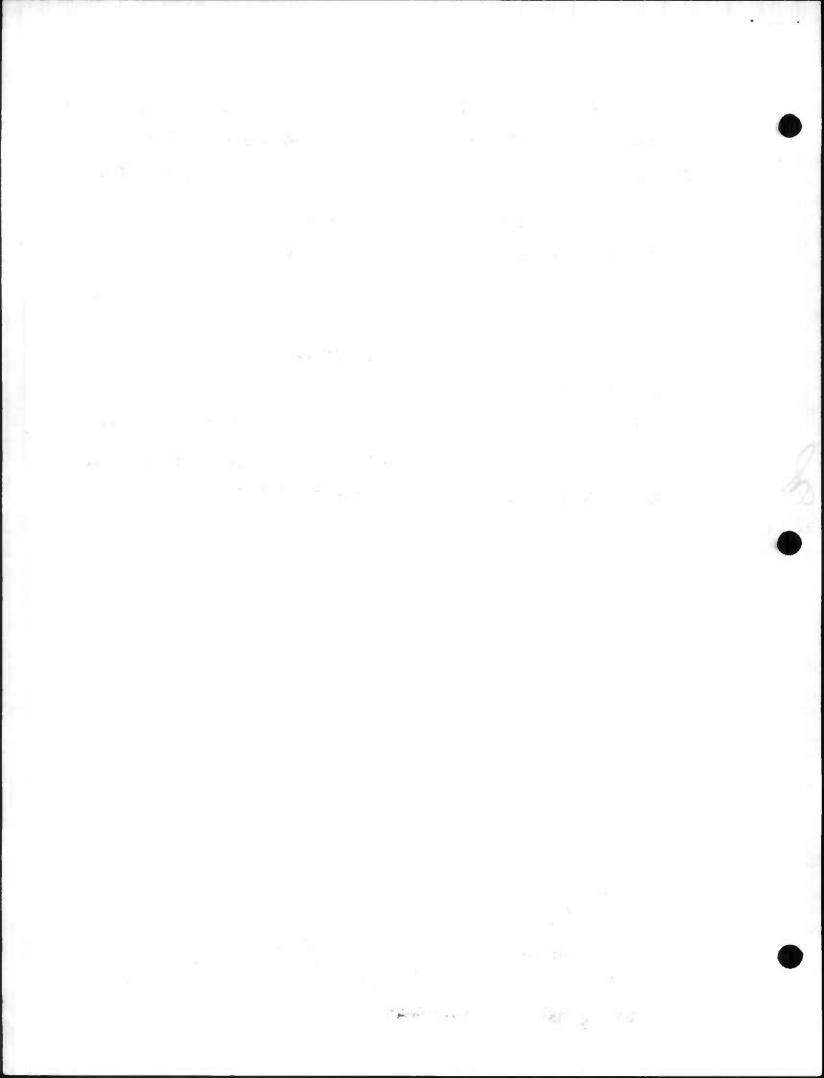
filled in by the

31. Date filed (Month, Dey, Year)

30. Name and address of person who completed

32. Pegistrar's Signature

0



| Physician |
|-----------|
| /Medical |
| Examiner |

Funeral Director

the Marylend 7 is marked other than "neturel", or Items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 72 hours after Pages 1 end 2 should be filed within nent of Health and Mentai Hygiene. nt: If Item 27 Is marked other than '

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

Department of Health a Important: If Item 27 is any injury or other trains

The law requires that the death certificate be executed ettending physicien end for use es the buriei-tran P.O. Box 68760, been signed by the should be detached Records, page 2 certificate of Vital After this Division Hospital or Attending death. etter deati in by the ithin 24 hours e pelli pmpletely

1. Dacadant's Name (First, Middla, Last) 2. Data of Death 3 Time of Death WALTON Month Day 6:00 AM TARGO MA 1997 4a. Fecility Name (If not Institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Takoma Park Montgomery Count If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. July 11,1952 Wash., DC Washington Adventist Hospital Montgomery County 5. Social Sacurity Number 7. Age (In yrs. last birthday) 9. Birthplaca (Stata or Foraign 1 ■ M 25 F 578-70-1280 44 Vrs Usual Rasidance of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits Director Prince Georges No Yes 2 No Hyattsville 10e. Straat and Number 10f. Zip Coda 10g. Citizan of Whet Country? 5045 Colburn Terrace 20782 USA Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. 1 ☐ Yas 2√ No If Yas, Give Yaer or Datas: 1 Nevar Married 2 Married 1 ☐ Yas 2 ☐ No Specify: þ Specify: 3 Widowed 4 Divorcad Black Completed 16a. Dacadant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Dacadent's Education 16b. Kind of Businass/Industry (Spacify only highas) complated) Elementary/Secondary (0-12) Collega (1-4or 5+) Health Aide Private Industry 17. Fathar's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Frances Oueen UNKNOWN 0 19a. Informant's Nama/Reletionship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Numbar, City or Town, Stata, Zip Coda) Tiajuana Sizemore(Daughter) 5045 Colburn Terr., Hyattsville, Md. 20782 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramovel from Stata Riverdale Crematory May 9,1997 Riverdale, Md. 4 ☐ Donetion 5 ☐ Othar (Spacify) 21. Signature of Funeral Service Lices 22. Name end Addrass of Facility Ralph Williams Funeral Service 23a Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or espiratory errest, wash., shock, or heart failure. List only one cause on each line. Approximata Intarval Batwean Onsat and Daath Immediata Causa (Final diseesa or condition rasulting in death) Intrevenous Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avents resulting in daath) Last Dua to (or as a consequence of) Physician/Medical Dua to (or as e consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of death? poorty Compolled 1 | Yes 2 | No 3 | Probably 4 | Unknown þ to Medications and Completed 24a. Wes an autopsy performed? 24b. Wara autopsy findings aveilable prior to complation of causa of daath? Maryle 2 No 1 ☐ Yes 2 ☐ No Be 25. Was casa rafarred to medical 26. Pleca of Daath (Check only one) 1 Yas 2 No Hospital: 15 Inpatiant 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Mannar of Deeth 28b. Time of 28d. Dascribe how injury occurred Certification: 5 Panding invastigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accidant 3 Suicida 6 Could not be 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 ☐ Homicida ##Certifying Physicien: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as steted.

2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated. 29a. Certifier Medical

29c. License number

29d. Data signed (Month, Day, Year)

State Registrar

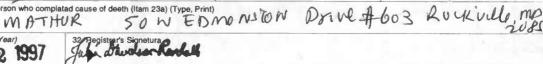
31. Data filed (Month, Day, Year) 12

M

P-

30. Nama and address of person who complated cause of deeth (Itam 23a) (Type, Print)

29b. Signetura end titla of certifiar



M. C. Commission Contact

State of Maryland / Department of Health and Mental Hygiene 97 | 664,7

| ian | | | | | 70111 | 110010 01 | Death | | | Reg. No. | | |
|---|--|--|--|---|---|---|---|----------------------|--|--|-----------------------|---|
| iaii | 1. Decedent's Neme (First, Mid Evelyn | | Wo | mack | | | | | 2. Dete of De Month | Dey | Yeer | 3. Time of Deetl |
| ical | | | | mack | | | | | May | | 997 | 10:10 A |
| ner | 4e. Facility Name (If not institut | | | | | | | | ocation of Deat | | | |
| | 1908 BUCKNEL] 5. Social Security Number | | | and to at hitate | 41 | If Under 1 Year | | er S | pring | | gomery | |
| | | 6. Sex 1 ☐ M 2€ | | yrs. last birth | 1 | Months Deys | Hours | Min. | 8. Dete of Bir (Month, De | th ly, Yeer) | 9. Birthpla Counti | ace (Stete or Fore |
| | 579-20-3246 Usual Residence of Decedent | | 1 1 | | | | | | March | 31, 1918 | Washi | ington, D. |
| | 10e. State 10b. Coun | ity | 100 | c. City, Town | r Loca | tion | | | | | 10 | d. inside City Lin |
| to | Maryland Monte | gomery | | Sil | WAY | Spring | | | | | | 1 XYes 2□ |
| Director | 10e. Street end Number | omer y | | OI. | Vel | 10f. Zip Code | 5 | | | 10g. Citizen of V | What Count | ry? |
| | 10908 Buckne | ll Drive | #1322 | | | 20 | 0902 | | | United | Stat | 66 |
| Funeral | 11. Marital Status | 12. Was I | Decedent Ever | in U,S. | 13. Wa | s Decedent of I | | gin? (Spe | ecify Yes or No | | e - America | ın Indien, |
| | 1 Never Married 2 Me | erried 1 🗆 Y | d Forces? es 2 XNo | | | | | , Puerto | Hican, etc.) | | ck, White, e | tc. |
| by | 3 X Widowed 4 □ Divorce | ed If Yes | or Dales: | | 11 | Yes 2 XNo | Specify: | | | Specify | <i>/</i> : | Black |
| Completed | 15. Decede | ent's Education nest grade complet | ed) | 16e. D | eceder | nt's Usuel Occupid of work done | pation | of work | ina | 16b. Kind of Bu | usiness/Indu | ustry |
| de la | Elementery/Secondery (0-12) | | ge (1-4or 5+) | 'À | fe. DC | NOT use retire | d) | O WOIN | 19 | | | |
| S | | | 2.5 | Ret | ire | d Super | | | | Govern | | |
| Be | 17. Fether's Neme (First, Middle | | | | | | | | | , Meiden Sumen | 10) | |
| 5 | John Thomas | | | | | | | Eva | Goodlo | W | | |
| | 19e. informant's Name/Reletion | | | 19b. N | feiling. | Address (Stree | end Numbe | r or Aure | el Route Numb | er, City or Town, | Stete, Zip (| Code) |
| | Gloria Ellis | - Daught | | 109 | 800 | Buckne: | ll Dri | ve, | | Spring, | | 20902 |
| | 20a. Method of Disposition 1 ☑ Burlal 2 ☐ Cremetion | n 3 □Removeifr | | Ob. Pleca of D cemetery, | creme | on (Neme of lory or other ple | ce) | į | Date | 20c. Location - | City or Tow | vn, Stete |
| | 4 ☐ Donetion 5 ☐ Other | | | Harmony | Men | orial Pa | rk | 5 | /15/97 | Landov | er, M | aryland |
| | 21. Signature of Funerel Service | a Licensee | A | | 22. N | leme end Addre | ess of Fecility | y 7 110 | WE T | | | |
| | John! | Dour | IN TO | 1 | 40 | EWART I | ing R | L HU | ME, In | Washing | ton | D C |
| | 23a / w.1. Enter the disease, bock, or heert fellure. Ll. | or complications th | et caused the | deeth. Do not | enter | the mode of dyl | ng, such as | cardiac o | or respiretory e | rrest, | | Approximete |
| | Grand or record toward. | | | | | | | | | | | Intervel Betwee Onset and Dee |
| | Immediate Ceuse (Final disease or condition | A | Brut | 14. | nch | ashhi | to | 500 | 10 | | 1 | |
| | resulting In death) | е | Due | to (or es e coi | | | | | | | | |
| ner | | 1 | Due | (0.000 | | | | | | | | |
| Examiner | Sequentially list conditions, | 6 | Due | to (or es e cor | nseque | nce of): | | | | | 1 | |
| | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury | 1 | Due 4/11 II | am | | | | | | | i | |
| n/Medical | thet initiated events resulting in deeth) Lest | С | Due | to (or es e cor | seque | nce of): | | | | | 1 | |
| Me | | | | | | | | | | | 1 | |
| an | | d | | | | | | | | | | |
| Physicia | Pert ii. Other significant condit | tions contributing t | o death but no | resulting in th | ne unde | orlying cause gi | ven in Pert i. | | 23b. Did | tobacco use cor | ntribute to 1 | the cause of de |
| ह | | | | | | | | | 10 | Y88 200 No | 3 ☐ Probe | ably 4 Unk |
| | | | | | | | | | | | | |
| þ | | | | | | | | | 24e. Wes | en eutopsy | evei | e eutopsy findi |
| þ | | | | | | | | | | | of de | pletion of cause eeth? |
| þ | | | | | | | | | | 1000 | 10 | Yes 22 No |
| þ | | | | | | | | | 10 | Yes 2 No | | |
| Completed by | 25. Wes case referred to medic | al | | | | | 26. Plece | of Deeth | | | | |
| o Be Completed by | 25. Was case referred to medic exeminer? 1 ☐ Yes 2 ☐ No | Hospitei: | ☐ Inpatient | 2 □ ER/Outpa | atient | 3□ DOA Ott | | | (Check only o | 000) | er (Specify) | |
| To Be Completed by | exeminer? 1 Yes 2 100 27. Manner of Deeth | Hospitel: 1 | ete of injury | 28b. Tlm | e of | 3L DOA | ner: 4 🗆 Nur | rsing Hor | (Check only o | | | |
| To Be Completed by | exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Naturel 5 Pend 2 Accident | Hospitel: 1 | | 28b. Tlm | e of | 28c. Inju | ner: 4 🗆 Nur | rsing Hor | (Check only o | ope) dence 6 ⊡Oth | | |
| To Be Completed by | exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Naturel 5 Pend Inves 2 Accident Inves 3 Suicide 6 Could | Hospitel: 1 28e. De (// | ete of Injury fonth, Dey Yea eca of Injury - | 28b. Tim Inju | e of ry | 28c. Inju | ner: 4□ Nui y et rk? | rsing Hor | The Series Residue Res | dence 6 Other | red | |
| To Be Completed by | exeminer? 1 | Hospitel: 1 28e. De (// | ate of Injury Sonth, Dey Yes | 28b. Tim Inju | e of ry | 28c. Injur Wo M 1 | ner: 4□ Nui y et rk? | rsing Hor | me \$ Resi | dence 6 Other | red | |
| Certification: To Be Completed by | exeminer? 1 Yes 2 100 27. Manner of Deeth 1 Naturel 5 Pend 2 Accident Inves 3 Suicide 6 Coulc 4 Homicide 29e. Certifier Certifier | Hospitel: 1 28e. Do (N) tigetion d not be ing Physician: To it Examiner: On the | eca of Injury eca of Injury - ilding; etc. (Sp | 28b. Tim Inju | e of ry , street | 28c. Inju Wo M 1 | y et /k? Yes 2 h | No 2 | n (Check only of Residue 28d. Describe 28f. Location (City or Toward due to the | dence 6 Other occurrence of the second occurrence of the second occurrence oc | er or Rural | Route Number, |
| To Be Completed by | exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Naturel 5 Pend 2 Accident 3 Suicide 6 Coulc 4 Homicide 29e. Certifier (Check only 2 Medica | Hospitel: 1 28e. Do (M) tigetion d not be mise d 28e. Pl bu ting Physician: To the Examiner: On the and m | ete of Injury fonth, Dey Yea eca of Injury - idding; etc. (Sp the best of my e basis of exar | 28b. Tim Inju | e of ry , street | 28c. Licens | ner: 4 Nur y et kr? Yes 2 N me, dete enc ppinlon, deet | No 2 | me defined at the time, | dence 6 Other occurrence of the second occurrence of the second occurrence oc | er or Rural | Route Number, ted. the cause(s) |
| edical Certification: To Be Completed by | exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Naturel 5 Pend 2 Accident Inves 3 Suicide 6 Could 4 Homicide deten 29e. Certifier (Check only one) 2 Medica | Hospitel: 1 28e. Do (M) tigetion d not be mise d 28e. Pl bu ting Physician: To the Examiner: On the and m | ete of Injury fonth, Dey Yea eca of Injury - idding; etc. (Sp the best of my e basis of exar | 28b. Tim Inju | e of ry , street | 28c. Licens | y et y et k? Yes 2 Num ne, dete enc | No 2 | me defined at the time, | dence 6 Other occurrence of the following occurrence of the following occurrence of the following occurrence of the following occurrence of the following occurrence of the following occurrence occur | er or Rural | Route Number, ted. the cause(s) |
| Medical Certification: To Be Completed by | exeminer? 1 Yes 2 No 27. Manner of Deeth 1 Naturel 5 Pend 2 Accident 3 Suicide 6 Coulc 4 Homloide 29e. Certifier (Check only 2 Medica | Hospitel: 1 28e. Di (M) tigetion d not be ing Physician: To is Examiner: On the and m | ete of injury fonth, Dey Yea eca of Injury - iliding; etc. (Sp the best of my e basis of exar lenner steted. | 28b. Tim Inju At home, ferm ecity) knowledge, d nination and/o | e of ry , street eeth oor r inves | 28c. Injun Wo M 1 1 28c. Injun Wo M 29c. Licens 29c. Licens | ner: 4 Nur y et kr? Yes 2 N me, dete enc ppinlon, deet | No 2 | me defined at the time, | dence 6 Other how injury occurr Street end Numb vn, Stete) cause(s) and me dete end pleca, s | er or Rural | Route Number, ted. the cause(s) |
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|--|---------------------|--|---|--|------------------------------------|---|-------------------------|---------------------------|-----------------------|--|----------------------------------|-------------------------|--|
| Physic | | 1. Decedant's Name <i>(First, Middla, La</i> Helen Marie | • | ilson | | | | | | 2. Date of Dear Month May 16, | | Yaar | 3. Tima of Death 9:36am |
| /Medi Examii | | 4a. Facility Nama (If not institution, giv 2800 Homette Pla | | ber) | | | 4 | Wal | dorf | ocation of Death | 4c. County Charl | | , , , , , , , , , , , , , , , , , , , |
| Funeral Director | | 5. Social Security Number 8. S 297-16-5572 1 Usuei Residence of Dacedent | ex □M 2√ F | 7. Aga (In yrs. 73 | iast birthdey) Yrs. | If Undar Months | 1 Yaar Days | If Undar Hours | 24 Hrs. Min. | 8. Date of Birth (Month, Day Nov. 30 | , 1923 | 9. Birth | piaca (Steta or Forei ntry)) |
| ith the Meryland or 28a-f show | irector | 10a. Stata 10b. County Maryland Charle 10e. Street and Number | S | 10c. Ci | Wald | | Code | | | 1 | Og. Citizen of | | 10d. Insida City Limit 1 ☐ Yes 2 N |
| after death w or items 23s | by Funeral Director | 2800 Homette Pla 11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. Was Deced Armed Ford 1 Yas 2 If Yes, Give Year or De | eas? ⊇⊠ No | | Was Deced f Yas, spec | | spanic Ori n, Mexican | gin? (Sp i, Puerto | ecify Yes or No- Rican, etc.) | Ble | | |
| | Completed | 15. Decedent's Ec (Specify only highast gra Elementary/Secondery (0-12) 10 17. Fether's Nama (First, Middle, Last) | ucation da completed) College (1- | 4or 5+) | | dent's Usua kind of wo DO NOT us Keepe | rk done d se retired | luring mosi) | | ring | 16b. Kind of B | ce C | |
| nd 2 should be file th and Mentel Hy 27 is marked other traumatic event | To Be | William H. Cartw | | | 10h 14aili | | (04 | Mar | y I. | Cross | | | 0.41 |
| permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiana. Important: If Item 27 is marked other than any Injury or other traumatic event, the Magnee. | | Clark Sell 20a. Method of Disposition 1XD@urial 2 Cremation 3 Clark Donation 5 Other (Specific | Removal from S | toto | 2418 Plece of Dispo | Lydia esition (Nen netory or o | AVE | e., Z | ion, | Deta 122-97 |)99 20c. Location | City or To | |
| permit. Departm Importa any Inju | | Mark G. Broha | nollaw | 7 | Hu | Name an | d Addras | s of Facilit | ome, | Inc. | | | 6 |
| Physician /Medical Examiner Medical Examiner Me | n/Medical Examiner | 23a. Part1. Enter the disaasa, or com shock, or heart feilure. List only Immediate Cause (Final disease or condition resulting In death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last | e. Suc | Due to (a | | quence of): | | | | | 951, | | Approximate Interval Between Onset and Death |
| lew requires that the death certifice as been signed by the attending ph 2 2 should be detached for use as the | y Physician/M | Part II. Other significant conditions or | entributing to dea | th but not res | sulting in the u | nderlying c | ause give | en in Pert I | | 23b. Did to | | | o the cause of deat |
| The lew requires that has been signe page 2 should be o | Completed by | | | | | | | | | 24a. Was e perform | med? | av cc of | ere autopsy findings allabla prior to impletion of cause deeth? |
| Physician: The la this certificata ha ral director, page | Be | 25. Was casa referred to medical axaminar? | Hospital: | | | | Othe | | | h (Check only on | 10) | | |
| ng Ph fter thi | ation: To | 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending 2 Accident Invastigation | 28a. Dete of (Month | | 28b. Time of Injury | | 8c. Injury Work | 4LI NU | | oma 5 Paside 28d. Describe ho | | | (y) |
| tal or Attandi rs after death. al Director: A led in by the fi | Certification: | 3 Sulcide 6 Could not be 4 Homicide determined | 200. Place C | f Injury - At h g, etc. <i>(Specil</i> | ome, farm, str fy) | eet, factory | , offica | | | 28f. Location (St City or Town | treet and Numi n, State) | ber or Run | al Route Number, |
| To the Hospital or within 24 hours after To the Funeral Dir completely filled in | edical | 29a. Certifier (Check only one) 1 Certifying Physics 2 Medicat Example 1 | vsician: To the b iner: On the bes and manne | est of my kno is of examina or steted. | owledge, death ation and/or inv | occurred estigation, | at the tim | e, date en Inion, deal | d placa, th occur | end due to the cared et the time, d | ause(s) end me ate end pleca, | enner as s end due t | stated. o the cause(s) |
| To the within to the comp | Me | 29b. Signature end title of cartifier | _~ | | | | . License | | | 2 | 9d. Deta signe | | |
| Sta | ite ar | B. Larry Jenkins, MD 1: 31. Date filed (Month, Day, Year) | l 1I aGrange | Avenue | | 1724 | Ia Pl | ata, M | hryla | and 20646 | | | |

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) JAMES EDWARD WIGNALL 2. Data of Death **Physician** Month James WiGnall May 14, 1997 6:08 PM /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Daeth 4c. County of Deeth Examiner 15055 OAKS ROAD CHARLOTTE HALL CHARLES If Under 1 Year If Under 24 Hrs. 8. Deta of Birth (Month, Dey, 5. Social Security Numbar 6. Sax 1 **X** M 2 □ F 7. Aga (In yrs. lest birthday) 9. Birthplaca (State or Foreign **Funeral** Months Days Yrs. MARYLAND Director 578-03-4748 85 Usual Rasidence of Dacedant the Maryland 10a State 10b. County 10c. City, Town or Location "natural", or Items 23s or 28s-f show 10d. Insida City Limits Director 1 Yas 2X No MARYLAND CHARLES CHARLOTTE HALL 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 15055 OAKS ROAD 20622 Funeral UNITED STATES 12. Wes Dacedant Evar in U,S. Armed Forcas? 11. Marital Stetus Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - American Indian, Black, Whita, atc. filed within 72 hours after 1 Navar Marriad 2 Married 1 ☐ Yas 2 🐧 No If Yes, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify þ 3 ☐ Widowed 4 ☐ Divorced Specify: WHITE Completed 15. Decedant's Education (Specify only highest grede completed) 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry merkad other than Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) 6 TRUCK DRIVER CONSTRUCTION O 17. Fathar's Name (First, Middle, Lest) 18. Mothar's Nama (First, Middle, Maiden Sumeme) Pages 1 and 2 should be filt ment of Haaith end Mental Hant: If item 27 is marked oth jury or other traumatic evan Be WILLIAM STEWART WIGNALL CATHERINE ELIZABETH WILSON 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 15055 OAKS ROAD, CHARLOTTE HALL, MARYLAND 20622 RUTH RUBY WIGNALL - WIFE 20a. Method of Disp 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stata remation 3 Ramovel from State permit. Page Department o Important: If i any injury or 4 Donatio Othar (Specify) CEDAR HILL CEMETERY, MAY 19, 1997 SUITLAND, MARYLAND THE HUNTT FUNERAL HOME, INC. BROHAWN G. M00053 P.O.BOX 156, WALDORF, MARYLAND 23a. Pert1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, of heart leilure. List only one cause on each line. **Physician** /Medical Immediata Causa (Final Cardiovasciles disease disaasa or condition rasulting in deeth) Examiner Dua to (or as a consequence of) Physician/Medical Examiner The law requires that the deeth certificate be asscuted the burial-transit Sequantially list conditions, if eny, leeding to immadiate cause. Entar Underlying Cause (Diseesa or Injury that Initiated avants rasulting in daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760. physician Due to (or as a consequence of) USB 88 signed by the at d be datached to Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Be Completed 24b. Ware eutopsy findings available prior to complation of causa of daath? 24a. Was an autopsy hes certificate 1 Yas 2 No 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Was case refarred to medical 26. Plece of Death (Check only one) axaminar? Othar: 4 Nursing Homa 10 1 Vas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Rasidance 6 Other (Specify) this funeral 27. Mannar of Deeth Medical Certification: 28a. Data of Injury (Month, Dev Year) 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? After Natural 5 Pending To the Hospital or Attendir within 24 hours after deeth. To the Funeral Director: Al completaly filled in by the fu 1 Yes 2 No 2 Accidant invastigation 3 Suicide 6 Could not be datermined 28a. Place of Injury - At homa, ferm, straat, factory, office building, atc. (Specify) 28I. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the bast of my knowledge, deeth occurred at the time, date and place, end due to the causa(s) and mennar as stated.

Madical Examinar: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and mannar stated. 29a, Certifian (Check only one) 29b. Signetura end title of cortifiar 29c. License number 29d. Date signed (Month, Dey, Year) 60 30. Nama and addrass of person who completed causa of death (Item 23a) (Type, Print)

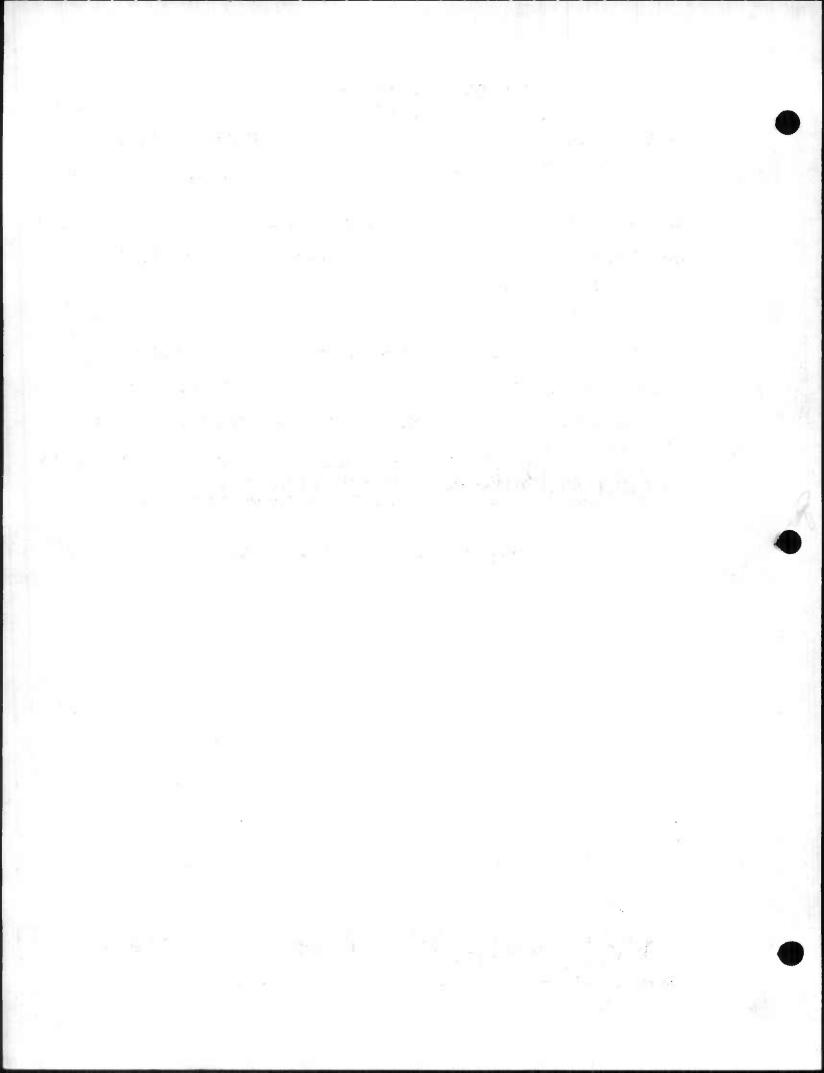
State Registrar

31. Data lilad (Month, Day, Year) MAY 2 0 1997

HOWARD M. HAFT, MD

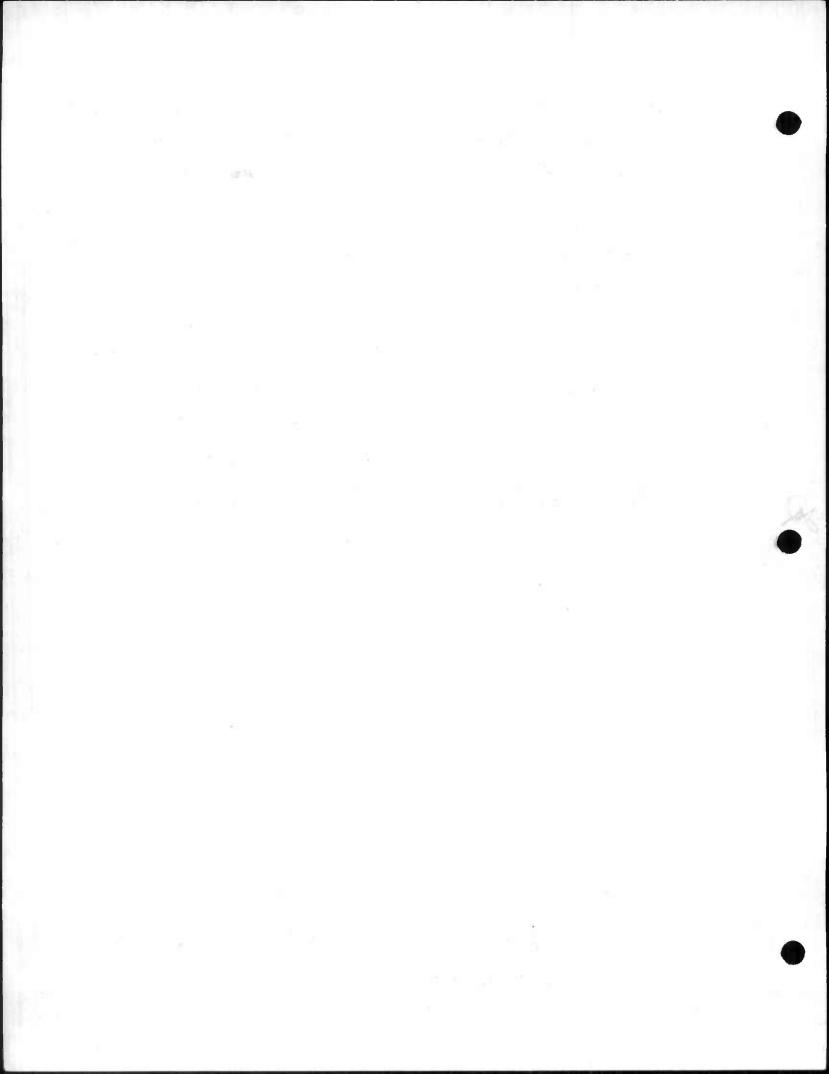
700 Old Line Center #100, Waldorf, MD 20602 32. Registrar's Signatura

JAMES WIGNALL



State of Maryland / Department of Health and Mental Hygiene 97 16650

| | | | | | Cer | tificate o | f Death | | Reg. No. | | 10000 |
|------------------------|---|---|-----------------------------|---|------------------------|-------------------------------------|--|--------------------------------------|-----------------|--------------|---|
| Physician | _ | Decedent's Neme (First, Middle, Luther J. Wi | _ | | | | | 2. Dete of De Month | Dev | Yeer | 3. Time of Deeth |
| /Medical | | Luther J. Wi | illett give street end n | number) | | | 4b. City, Town, or | May 19 | | ty of Deeth | 1:55 AM |
| Examiner | ı | SOUTHERN MARYL | | | | | Clinto | | | | orge's |
| neral | Ī | | S. Sex | 7. Age (In yrs. k | est birthday) | If Under 1 Year Months Day | if Under 24 Hrs | 8. Date of Bir | th | 9. Birth | plece (State or Fore |
| ctor | | 215-26-2957 | 1 M 2 □ F | 85 | Yrs. | Working Day | 3 Hours Will | Mar. 4 | 1912 | Mary | Tand |
| | _ | Usuel Residence of Decedent 10a. State 10b. County | | 10c. City | , Town or Lo | cation | | | - | T | 10d. inside City Limi |
| rector | | Maryland Pr. Geo | rae's | | Accok | eek | | | | | 1 ☐ Yes 2X 1 |
| Director | 1 | I0e. Street end Number | , i ge s | | 710001 | 10f. Zip Code | | | 10g. Citizen of | Whet Cou | intry? |
| | | 1311 Pine Lane | 2 | | | 2060 | 7 | | USA | | |
| Funeral | | 11. Maritel Stetus | Armed F | | S. 13. V | Vas Decadent of Yes, specify Cu | Hispenic Origin? (Suben, Mexican, Puer | Specify Yes or No to Rican, etc.) | - 14. Re | ca - Amer | ican Indien, . etc. |
| by F | | 1 Never Merrled 2X Marrled 3 Widowed 4 Divorced | 1 Yes | 3 2 X No Give | 1 | ☐ Yes 2 💢 N | o Specify: | | Speci | ify: | White |
| | | 15. Decedent's | Education | | 16a. Deced | ant's Usuel Occ | upation | | 16b. Kind of E | Business/II | ndustry |
| Completed | - | (Specify only highest page 12) Elemantary/Secondary (0-12) | grede completed | (1-4or 5+) | (Give I | kind of work don OO NOT use reti | e during most of wo red) | rking | * | | |
| 50 | - | 5 | | (1.40.01) | Carp | enter | | | Con | truct | ion |
| a a | 1 | 7. Fether's Neme (First, Middle, Le | | | | | | me (First, Middle, | | me) | |
| 2 | | Dominic Willet 19a. Informent's Nema/Raletionship | | | | | | rgie Pic | | | |
| To | | Blanche E. Wil | | | | | eten <i>d Number or R</i> ne, Accok | | | n, Stata, Zi | p Code) |
| | 2 | Oe. Method of Disposition | 1000 | 20b. Ple | | sition (Neme of etory or other p | | Dete | 20c. Location | - City or T | own, Stete |
| | | 1XXBurial 2 ☐ Cremation 3 4 ☐ Donetion 5 ☐ Other (Spe | | 11 State | | | Gardens | 5-22-07 | Waldon | f MD | |
| I I I | 1 | 21. Signature of Funerel Service Lic | enses | | | | ress of Fecility eral Home | | waruor | , 110 | |
| 9000 | ľ | Shannon Ram | Tirez M | 00798 | HU | ntt Fun | eral Home 156, Wal | , Inc. | 20604 | 0156 | |
| | 1 | 23e. Pert1. Enter the diseese, or co shock, or heert feilura. List on | | | Do not enta | r the mode of d | /Ing, such es cardie | c or respiretory e | rrest, | -0130 | Approximeta |
| an | ı | | , | - Caron Inter | | | | | | 1 | Intervel Between Onset end Deeth |
| al er | | mmediete Ceuse (Finel diseese or condition resulting in death) | θ | SE | PSIS | | | | | | |
| | п | esularly in death) | | Dua to (or | es e consaqu | uence of): | _ | | | 1 | |
| Examiner | L | | b | | JARY | - | GINF | FOTION | | | |
| | 1 | Saquentielly list conditions, fleny, leeding to immediate causa. Enter Undarlying Cause (Diseesa or injury | | Dua to (or | es e consequ | ience of): | | | | į | |
| Medical | (| Cause (Diseesa or Injury het initiated events esulting in deeth) Lest | C | Due to (or | es e consequ | ance of): | | | | | |
| Mec | | ooding in dodiny 2001 | | | | | | | | | |
| | | | - U | | | | | | | | |
| Physician | P | ert II. Other significant conditions | contributing to c | death but not resul | ting in the un | derlying cause g | iven in Part I. | 23b. Did | lobacco use co | ontribute t | o the cause of death |
| | - | CARDIO | mys o | PATH | 7. | | | 10 | Yes 2□ No | 3 Pro | bably 4 Onknow |
| leted by | | | 4 | | U | | | 24e. Wes | en eutopsy | 24b. W | ere autopsy findings |
| Completed | - | | | | | | | perfo | rmed? | C | reileble prior to ompletion of cause deeth? |
| mo | | | | | | | | 101 | res 2 MNo | | □ Yes 2□ No |
| ro Be Com | 2 | 5. Was case refarred to medical | | | | | 28. Place of De | eth (Check only o | | | |
| 70 | | examinar? 1 ☐ Yes 2 ☐ Wo | Hospital: | npatlent 2□E | R/Outpetlent | 3□ DOA O | thor: | lome 5 Resid | | her (Speci | fy) |
| | 2 | 7. Mapper of Daath 1 ØNeturel 5 □ Pending | 28a. Date (Mor | of Injury oth, Dey Year) | 28b. Time of Injury | 28c. Inje | ury et ork? | 28d. Describe h | now injury occu | rred | |
| cat | | 2 Accident Investigeti 3 Suicide 6 Could not | he | | | | Yas 2 No | | | | |
| Certification: | | 4 ☐ Homicida determine | d 28e. Place build | a of Injury - At hon ling, etc. <i>(Specify)</i> | ne, term, stre | et, fectory, office | | City or Tow | vn, State) | ber or Hun | al Route Number, |
| <u>a</u> | 2 | 9a. Cartifier 1 Certifying P | hyaiclan: To the | e best of my knowl | edga, deeth | occurred at the t | lma, deta and piece | end dua to the | causa(s) end m | annar as s | teted |
| edical | | (Check only 2 Medicat Exa | maner. On that b | pasis of axamination oner steted. | n end/or inva | stigation, in my | opinion, deeth occu | rred at the time, | date end place. | and due t | o tha cause(s) |
| Medical Certification: | 2 | 9b. Signeture end title of certifier | \$111 | | | | ise number | | 29d. Dete signe | | |
| | | • | gray | _ | | DY | 6478 | | 5-19 | 1-47 | |
| | | D. Neme end address of person who | | | | | | | | | |
| | - | surest A. P | | | | atts Rd | ., #302, | Clinton, | MD | | |
| State istrar | 3 | 1. Dete filed (Month, Day, Year) | 07· 32. F | Ragistrer's Signetu | re O | | | | | | |
| iotrai | L | MAY 2 0 19 | 31 | and distributed | marda | 4 | | | | | |



State of Maryland / Department of Health and Mental Hygiene 97 1665 |

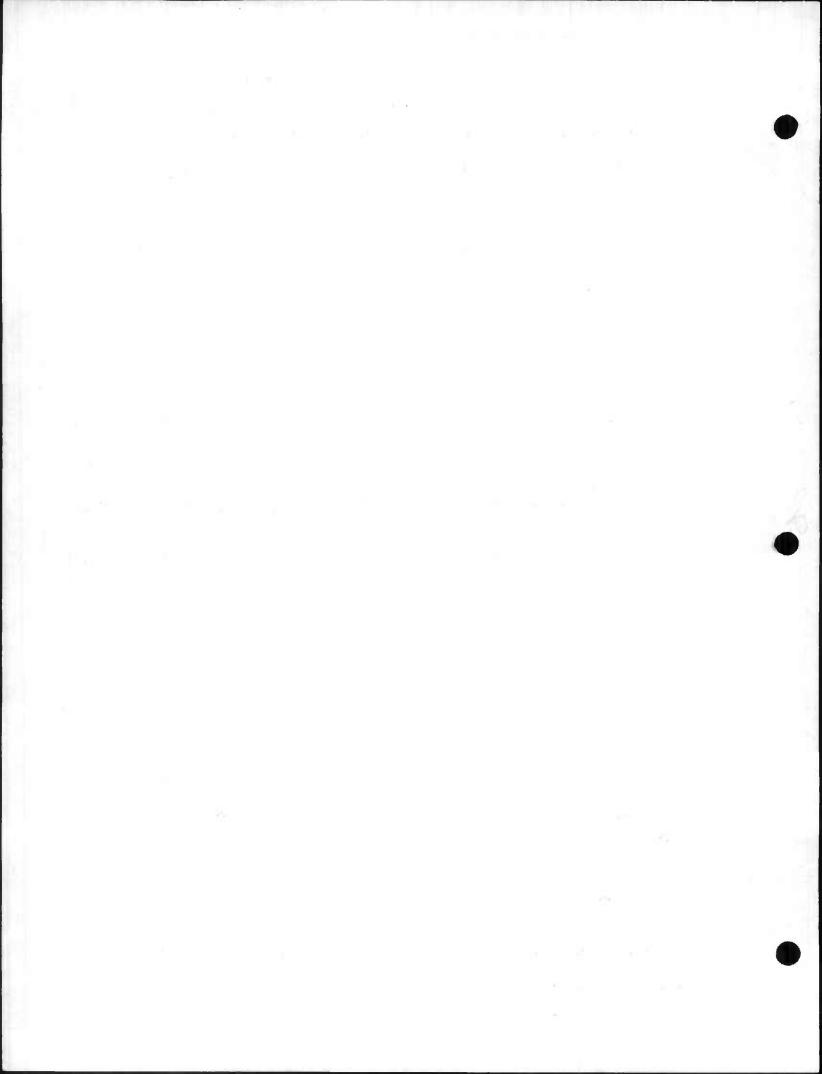
Certificate of Death

| Usual Rasidence of Decedent 10e. Stete 10b. County 10c. City, Town or Location Rockville MD. Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Company 20850 U.S.A Adclair Road 20850 U.S.A The Market Status 12. Wes Decedent Ever in U.S. Armed Forces? 13. Wes Dacedent of Hispenic Origin? (Specify Yes or Notif Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - Armed Forces? | 1:05 a.m. ath mery Inhplace (State or Foreign Junity) 10d. Inside City Limits 1X1 Yes 2 No Rountry? Perican Indian, ita, etc. White |
|--|---|
| Rockville Nursing Home Rockville Montgot S. Social Sacurity Number 214-18-3734 Social Sacurity Number Social Sacurity Sacur | mery Inhibited (State or Foreign Journey) Indiscountry, Pa. 10d. Inside City Limits 1% Yes 2 No Country? Perican Indian, ita, etc. White |
| Funeral Director 5. Social Sacurity Number 214-18-3734 1 M 2 F 7. Aga (In yrs. lest birthday) 91 Yrs. Months Days Hours Min. ADTIL 28, 1906 Will 1906. Steel 10b. County 10c. City, Town or Location Rockville MD. Montpomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of What County 10c. Street and Number 10f. Zip Code 10g. Citizen of What County 10f. Zip Code 10g. Citizen of What County 10f. Zip Code 11g. Marital Status 12. Wes Decedent Evar In U.S. Armed Forcas? 13. Wes Dacedent of Hispenic Origin? (Specify Yes or Noft Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - Armed Forcas? 15. Wes Dacedent of Hispenic Origin? (Specify Yes or Noft Yas, specify Cuban, Mexican, Puarto Rican, etc.) 15. Sec. Min. April 15. Sec. Min. April 28, 1906 Will 15. Sec. | inthplace (State or Foreign Dunity) Liamsburg, Pa. 10d. Inside City Limits 12 Yes 2 No country? elerican Indian, ita, etc. White |
| Usual Rasidence of Decedent 10e. Stete 10b. County M.D. Montgomery 10c. City, Town or Location Rockville 10e. Street and Number 10e. Street and Number 10e. Street and Number 10f. Zip Code Adclair Road 20850 U.S.A Armed Forcas? 11. Marital Status 12. Wes Decedent Evar In U.S. Armed Forcas? 10e. Street and Number 10f. Zip Code 10g. Citizen of What County U.S.A 11. Marital Status 12. Wes Decedent Evar In U.S. Armed Forcas? 13. Wes Dacedent of Hispenic Origin? (Specify Yes or Notif Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Raca - Armed Forcas? | 10d. Inside City Limits 12 Yes 2 No country? Perican Indian, ita, etc. White |
| 10e. Stete 10b. County 10c. City, Town or Location Rockville M.D. Montgomery Rockville 10e. Street and Number 10f. Zip Code 10g. Citizen of What County 10g. Citizen of | 1 Yes 2 No country? • erican Indian, ita, etc. White |
| M.D. Montgomery Rockville Montgomery Rockville No. Street and Number | 1 Yes 2 No country? • erican Indian, ita, etc. White |
| 10e. Street and Number 10f. Zip Code 10g. Citizen of What C 20850 10 June 10 | erican Indian, ita, etc. White |
| Adclair Road 20800 U.S.A 11. Marital Status 12. Wes Decedent Evar In U.S. Armed Forces? 1. Never Married 2. Merried 1. Never Married 2. Merried 1. Yes 2. No 1. Yes 2. No 1. Yes 2. No 5. Specify: Speci | erican Indian, ita, etc. White |
| Armed Forces? 1 Never Married 2 Merried 1 Yes, Sie 1 Yes, Sie 1 Yes, Specify: 1 Yes, Specify: 1 Yes, Specify: 1 Yes, Specify: 1 Yes, Specify: 1 Yes, Specify: | white |
| 3 LAWidowed 4 Divorced Yeer or Dates: | |
| The second strict of the second stricts of t | s/Industry |
| 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) 15. Decedent's Education (Give kind of work done during most of working life. DO NOT use retired) Principal Educat: | n ii oo o ci y |
| Etementery/Secondery (0-12) 5+ Iffe. DO NOT use retired) Principal Educat: | ion |
| Tr. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) | |
| David C. Stone Anna Ake David C. Stone David Replacement's Name/Relationship (Type, Print) David Replacement's Name (Relationship (Type, Print) David Replacement's Name (Relationship (Type, Print) David Replacement | |
| 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, | Zip Code) |
| Ann W. Luckenbill sister 102 Heritage Drive Gettysburg, Pa. 20e. Method of Disposition 20b. Pleca of Disposition (Neme of Location - City or | 17325 |
| 20e. Method of Disposition 20b. Pleca of Disposition (Name of cemetary, cremetory or other piece) 20c. Location - City or Cemetary, cremetory or other piece) | r Town, State |
| 20b. Pleca of Disposition (Neme of cemetary, cremetory or other plece) Evergreen Cemetery 20c. Location - City or cemetary, cremetory or other plece) Evergreen Cemetery 22b. Pleca of Disposition (Neme of cemetary, cremetory or other plece) Evergreen Cemetery 22c. Nama and Address of Facility Davis Funeral Home | g, Pa. 17325 |
| Evergreen Cemetery 5/1//9/ Gettysbur 1. Signature of Funeral Service Licenses 22. Nama and Address of Facility Davis Funeral Home | |
| 12525 Bradbury Ave. Smithsburg, Ma | ryland 21783 |
| 23a. Pert1. Entar tha disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heert feiture. List only one cause on each line. | Approximete Intervet Between |
| Physician | Onset and Death |
| /Medical Immediate Cause (Fine) Immediate (Fine) Immediate (| minutes |
| Due to (or as a consequenca of): | |
| Urinary Tract Infection | Days |
| Urinary Tract Infection Due to (or as e consequence of): Due to (or as e consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): | |
| Cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Dua to (or as a consequence of): | Years |
| Cause (Disease or Injury that initiated events resulting In death) Lest Dua to (or as a consequence of): Dua to (or as a consequence of): | |
| ant certification of the control of | |
| Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute | |
| Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute 1 Yes 2 No 3 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. | Probably 4 Unknown |
| - 5 & 0 N | TODBOY 4 MONKHOWN |
| S S S S S S S S S S S S S S S S S S S | . Were eutopsy findings |
| 24a. Wes an autopsy performed? | eveileble prior to completion of cause of deeth? |
| Do per of the period of the pe | 1 Yas 2 No |
| 24a. Wes an autopsy performed? 1 Yes 2 No 24b. 24a. Wes an autopsy performed? 1 Yes 2 No 25. Wes case referred to medical examinar? 1 Yes 2 No 25. Wes case referred to medical examinar? 1 Yes 2 No 25. Wes case referred to medical examinar? 27. Manner of Death 28. Plece of Death (Check only one) 28. Plece of Death (Check only one) 28. Plece of Death (Check only one) 28. Plece of Death (Check only one) 28. Plece of Death (Check only one) | 1010 2010 |
| 25. Wes case referred to medical examinar? Comparison | ecify) |
| 27. Magner of Deeth 28a. Dete of injury (Month, Day Year) 28b. Tima of Injury at Work? | |
| Netural Substitute Substi | |
| 9 | Rurel Route Number, |
| 28a. Dete of Injury 28b. Tima of Injury 28c. Injury at 28d. Describe how Injury occurred 28d. | |
| 25. Wes case referred to medical examinar? 25. Wes case referred to medical examinar? 27. Magner of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Plece of Deeth Check only one 28. Deet of Injury 28b. Tima of Injury | is steted. ie to the cause(s) |
| 29b. Signeture end titla of certifier 29c. Licanse number 29d. Data signed (Mon | ith, Day, Year) |
| | 15,1997 |
| 30. Neme and address of person who completed cause of death (Item 23e) (Type, Print) | - (|
| Franke Westphal M.D. 809 Viers Mill Rd. Rockville, Md. 20851 | |
| State 31. Dete filed (Month, Day, Year) 32. Registrar's, Signeture | |
| Registrar MAY 1 9 1997 Juli Studen Roll | |

CACA.

State of Maryland / Department of Health and Mental Hygiene 97 | 6652

| | | | | | | Ce | ertificate | e of | Death | | | Reg. No. | | |
|---|---|---|--------------------|---|---------------------------|------------------------------|--------------------------------------|-------------------------|--------------------------------------|------------------|-----------------------------------|------------------------------------|-------------------------------------|--|
| hysician | _ | Decedent's Neme (First, Min | ddie, La | | -11 | | | | | 2 | 2. Dete of De Month | Dav | Yeer | 3. Time of Death 1:15 P. |
| /Medical | ŀ | INEZ | | М. | | WAI | KER | | 45 O.5. T. | | MAY | 7 9, 1 | .997 | 1.15 |
| xaminer | | 4e. Fecility Neme (If not institu 3310 North L | eis | ure World | Blvd | . Apt | . 1009 | | Silv | er Sp | ocation of Deeti Oring | | of Deeth tgome | ry |
| ineral ector | | 5. Social Security Number 502–10–7298 | 6. 5 | Sex 7 □ M 2 1 F | Aga <i>(In yrs.</i> 81 | last birthdey Yrs. | Months | 1 Yaar Deys | If Under Hours | 24 Hrs. Min. | 8. Date of Bir J. Mpsh. Da | th y, Year) 1915 | 9. Birthp Cour ND | lleca (Stata or Fore ntry) |
| * | - | Usuel Residence of Decedent | nhv. | | 100 CH | ty, Town or I | ocation | | | | | | | Od Inolds Offs Lie |
| officed at | | 10a Steta 10b. Cour MD Mont | gom | ery | | | Spring | | | | | | | 0d. Inside City Lin 1 ☐ Yes XX |
| ai Dire | | 10e. Street end Number 3310 North L | eis | ure World | B1vd | · 1 85 | 10f. Zip 20 | Code 906 | | | | 10g. Citizen of | Whet Cour USA | ntry? |
| rar, or tems 23a or 28e-1 show Evanting must be notified at 1 by Funeral Director | | 11. Marital Status 1 Never Married 2 M 3 Widowed 4 Divorce | | 12. Was Deceder Armed Force 1 Yes 2 If Yas, Give Year or Deter | s?] No | ,S. 13 | Was Deced If Yes, spec | ify Cub X | dispenic Or an, Mexica Specify | n, Puerto | ecify Yas or No Rican, atc.) | Ble | ce - Amaric ck, White, y: Whi | etc. |
| natural, | | 15. Deced (Specify only hig | | | | 16a. Dec | edant's Usue | l Occup | etion durina mos | at of worki | ina | 16b. Kind of B | usiness/In | dustry |
| | | Elamantary/Secondary (0-12 | | Collega (1-4c | or 5+) | lifa. | e kind of word DO NOT us Homem | e retire ake | d) | | | Own 1 | Home | |
| evant, the Manager than Be Comp | | 17. Father's Name (First, Midd Oscar Swens | |) | | | | | 18. Moth | ers Name Ella | (First, Middla, Blilie | Meidan Suman | na) | |
| other traumatic evant, | | 19e. informent's Name/Ralatio | nship (| Type, Print) | - | 19b. Mei | ling Address | (Street | end Numb | er or Rure | el Route Numb | er, City or Town | State, Zig | fiver Sp |
| her tr | - | John Walker | | | | 2210 | NOLLII | Le. | isure | Worl | ra prva | . Apt I | M | D 20906 |
| = ō = | 2 | 20a. Method of Disposition 1 Burlal 2 □ Cremetio 4 □ Donetion 5 □ Other | | | te C | em <i>etery</i> , cr | osition (Nemembers) or of Heave | har pla | - | ry Má | Data 29972 | 20c. Location | | |
| any injury page. | 1 | 21. Signature of Funeral Seovi | to Lipor | 1600 | 1 | 1 | 22. Name end | d Addre | ss of Fecili | ty | | | | |
| E & 0 | | 23a, Part 1. Enter the disease, shock, or heart failure 1. | 1 | | | I E | rancis | 3 J. | COTI | .ins | Funeral | Home, | Inc. | |
| s the burial-trensit | | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disaase or Injury thet Initieted evants | { | b | | or as e conse | | | | | | | | |
| 2 | | rasulting In deeth) Last | l | d | Dua to (o | r as a conse | quence on: | | | | | | | |
| of for u | - | Post II. Other stantileaut const | Alama - | | h. d. a a bina a | untaine in Abra | | | on to Do d | | 200 014 | | | |
| Phys | | Pert ii. Othar significant condi | tions c | ontributing to death | but not res | uiting in the | underlying ca | iuse giv | en in Pert | | | tobacco uea co Yas 2□ No | | the cause of dea |
| should | | | | | | | | | | | 24e. Wes | en autopsy med? | ev co | ere eutopsy finding alleble prior to mplation of cause deeth? |
| отр | | | | | | | | | | | 10 | Yes 2 No | | Yes 2□ No |
| rector, page | | 25. Wes casa rafarred to medi exeminer? | cal | | | | | | 26. Place | e of Daath | (Check only o | ona) | | |
| 5 C | | 1 Yas 2 No | | Hospital: 1 Inpa | tiant 2 | ER/Outpation | ent 3 DO | A Oth | ler: 4□ Nu | ursing Ho | ma 5 Rasid | dance 6 Oth | er (Specif | y) |
| 9 5 | 2 | 27. Menner of Death 1 Naturel 5 Pend 2 Accident inves | ding stigation | 28a. Dete of In (Month, L | jury Day Year) | 28b. Tima Injury | of 28 | Bc. Injur Wor 1 🗆 | yet k? Yas 2□ | | 28d. Describe i | how injury occur | red | |
| led in by the funera Certification: | | 3 ☐ Sulcide 6 ☐ Coui 4 ☐ Homicida dete | d not be mined | 28a. Placa of I | njury - At ho | oma, farm, s | traet, factory, | office | | | 28f. Location (3 City or Tox | | er or Aura | l Route Number, |
| Completely filled in by the to | | 29a. Certifier 1 Certify (Check only one) 2 Medic | ring Ph ai Exan | yeician: To the bes niner: On the basis and manner: | of examine | wledga, dee tion end/or l | th occurred envastigation, | t the tir | ne, date er pinion, dee | d plece, e | end due to tha ed et the time, | cause(s) end mo data end place, | enner es s and due to | teted. the cause(s) |
| Somple See | | 29b. Signatura and title of certi | | | | | 29c. | Licens | e number | | T | 29d. Date signe | 1 | Dey, Year) |
| | | hleera f. | LI | april 4 | ٥ | | | D3 | 533(| 0 | | 5/10 | 197 | |
| CALA | | 30. Neme and eddress of personal DEENA J. S | IFAP | 120 | death (Itam | O CON | , Print) NECTICA | | | • | ENSING | -TON | 40 | 20895 |



State of Maryland / Department of Health and Mental Hygiene

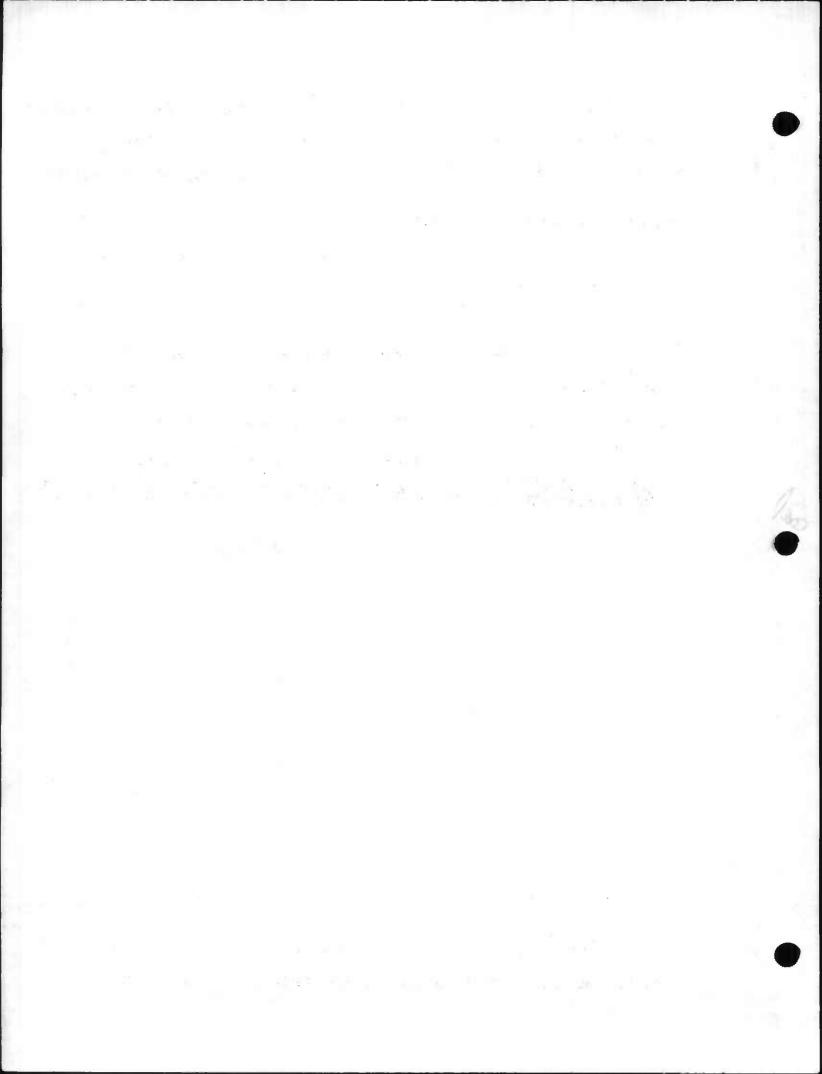
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16653

| | | | | | | | | Certifica | te o | f Death | | | Reg. No. | | | |
|--|--|------------------|---|-----------|------------------------------------|----------------------------------|--------------------|--|----------------------|-------------------------------|------------------------|---------------------------------|----------------------|-------------------------------|-----------|-----------------------------|
| 1 | L | | 1. Decedent's Nama (First, Mic | ddia, La | st) | | | | | | | 2. Data of Do Month | | Van | 3. Ti | me of Death |
| | Physic /Medi | | BERNICE | | | | | \mathcal{W} | AR | REN | | MAY | Day OS | 1997 | 1: | 240 P |
| | Exami | | 4e. Fecility Neme (If not Institut | tion, giv | a street and nu | mber) | | | | 4b. City, To | own, or Lo | ocation of Deel | | inty of Deeth | | |
| | | 1101 | SHADY GROVE | 2 7/17 | TONTO TOTAL | HOCDT | DAT. | | | DOCIET! | TITE | | MONTE | GOMERS | J | |
| | Funeval | | 5. Social Security Number | 6. S | | 7. Age (In yrs | | day) If Unde | r 1 Yae | ROCKV | 24 Hrs. | 8. Data of Bi | | | | itata or Foraign |
| | Funeral Director | | 577-28-6260 | | □M 2⊠F | 8 | | Months | Dey | s Hours | Min. | 8. Data of Bi (Month, D | ay, Year) 20,1915 | Cou | ntry) | Stata or Foraign ton D.C |
| | _ | | Usual Rasidence of Decedant | | | <u> </u> | | | ! | | | July 2 | .0,1713 | wasii | Tugi | LOII D.C |
| and | ž 11 | | 10a. Stata 10b. Cour | nty | | 10c. C | ity, Town | or Location | | | | | | 1 | 10d. Ins | Ida City Limits |
| Vaz | - | 0 | Md Mont | | | 0 | 1 | 1 | | | | | | | 1 🗆 | Yes 2 No |
| eh | 28 H | 8 | Md. Mont 10e. Street and Number | .goill | ery | G | artne | rsburg | n Code | 8 | | 1 | 10a Chizan | of Whet Cou | ntne? | |
| A F | 0 8 | ō | 8332 Marketree | Cit | rcle | | | 101. 21 | | 879 | | | | d Stat | | |
| ath | 23 | rai | | . 01 | | | | | | | | | | | | |
| 72 hours efter death with the Maryland | 1 | Funeral Director | 11. Mantal Status | | Armed Fo | |),S. | 13. Was Dece | idant or scify Cu | f Hispenic Or Jban, Maxica | igin? (Sp n, Puarto | ecify Yes or No Rican, atc.) | D- 14. F | Race - Amari Bleck, White, | | en, |
| efte | 8 | | 1 Navar Married 2 M | | 1 ☐ Yas If Yes, Gi | ve | | 1 Tyes | 2 X N | o Specify | ; | | Spe | city: Wh | ite | |
| ino | 5 4 | d by | 3 Widowed 4 Divorc | ed | Yaar or D | atas: | | | | | | | | | | |
| 72 1 | Part. | Completed | 15. Deced (Specify only high | ant's Ed | ducation | | 16a. C | Decedent's Usu Giva kind of w lifa. DO NOT (| al Occ | upation | st of work | lna | 16b. Kind o | f Business/In | dustry | |
| within | . u | idu | Elamantary/Secondary (0-12 | 1 | Collega (| 1-4or 5+) | 1 7 | lifa. DO NOT o | ısa <i>reti</i> | red) | | | | | | |
| D | Hygiene. other than | So | 12 | | | | Но | use wi | fe | | | | Own H | ome | | |
| d 2 should be file | T de la | Be | 17. Father's Name (First, Midd | le, Last) | | | | | | 18. Moth | ar's Name | a (First, Middle | , Meidan Sun | nama) | | |
| uid b | Mental arked o | 10 | Robert Rolan | d C | lear | | | | | Alb | ert l | May Wal | ters | | | |
| should | le me | | 19a. Informant's Neme/Ralatio | nship (| Type, Print) | | 19b. l | Mailing Addras | s (Stre | et and Numb | er or Run | al Routa Numi | er, City or To | wn, Stata, Zip | Code) | |
| nd 2 | 27 le | | John W. Warre | n (1 | Husband |) | 833 | 2 Mark | etro | ee Cir | cle | Gaither | sburg, | Md. 20 | 879 | |
| 3 1 0 | Depertment of Health and Mental Hygiene. Important: or Nems 23s or 28s-f show any Injury or other traumatic event, the Macinal Examinet invalibation and once. | | 20a. Mathod of Disposition | | | 20b. | Place of [| Disposition (Na | ma of | (n.n.e.) | T | Data | 20c. Location | on - City or Te | own, St | ata |
| vermit. Peges 1 e | Depertment of Important: If it is any injury or o | | 1 Burial 2 Cramatio | | | Stata | | cramatory or | | | M | ay 13, | Suitla | and, Md | | |
| | rtan | | 4 Donation 5 Other | | / | C | laps | Hill C | | | | 1997 | | | | |
| permit. | Deperiment In any Ir. | | 21. Signature of Funaral Service | De Licen | 1909 | | | 110000 | | Iress of Fecil | . D | evol Fu | | | | |
| u | D 2 6 G | | Face 1 | m. | Hu | 4 | | 10 Ea | st l | Deer P | ark l | Drive, | aither | sburg, | Md. | 20877 |
| | | | 23a. Part1. Enter the offeasa, shock/or haart fills a. L. | or com | plications that o | caused the dee | th. Do no | t antar tha mo | da of d | ying, such es | cardiec | or raspiretory | arrest, | | Appro | ximete al Batwaan |
| Pł | hysician | | / | , | 1 | | | | | | | | | Ť | Onset | end Deeth |
| | Medical | | Immediata Cause (Final disaasa or condition | | A | eute | (a) | r dias | | mary | thn | ma | | I | | |
| E: | xaminer | ш | rasulting in daath) | | a | Due to | 01.00.00 | nísequance of | | | 0. 477 | | | | | _ |
| | 12.57 | 9 | | | 110 | 0. L L | hou o | / / A / | , | | | | | 1 | | |
| petn | ding physician and se es the burial-trensit | Examiner | 4555547455557471 | | b. He | Due to | Jene | | | | | | | | | |
| 9880 | al-tro | Еха | Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury | | Ca | \ \(\(\lambda \) \(\lambda \) | or as a co | nsequance of) | 01 | | | | | | | |
| certificate be executed | sicia bun | | Causa (Disaase or Injury that initieted evants | < | c. Ca | van | rvu | PPA | en | y | | | | + | | |
| icate | s the | Medical | rasulting in death) Last | 1 | | Due to (| or as a og | nsequence of) | (| J | | | | | | |
| certil | onding use e | | | - | d | | | | | | | | | | | |
| death | for | Physician | | | | | | | | | | | | | | |
| ab ec | 0 % | ysic | Part II. Other significant cond | itions co | ontributing to d | eath but not ra | sulting In t | ha undarlying | causa | givan In Part | I. | 23b. Dld | tobacco use | contribute t | o the ca | euse of death? |
| th ter | d by Setac | | Proum | on | ia | | | | | | | 1□ | Yes 200 N | lo 3 Pro | bably | 4 Unknow |
| requires that the | 5.8 | by | Malm | , | 1 / | | | | | | | | , | | | |
| inbe | plnous | ted | Malm | ito | uon | | | | | | | 24a. Wa: perf | s an autopsy ormed? | 9/ | /eileble | |
| ne law requires t | D 60 | pie | | | | | | - | | | | | | of | daath? | on of cause |
| The le | e has | Completed | | | | | | | | | | 10 | Yas 200 N | 0 11 | □Yes | 2□ No |
| | certificate rector, peg | | 25. Was case referred to medi | cal | | | | | | OO Dies | 4 D 4 | | | | | |
| Physician: | is certificate he director, pege | o Be | axaminar? 1 ☐ Yas 2 ☑ No | | Hospital: | Innation of | TER/C | etlent some | . | Whar. | | h (Chack only | | Other 10 - 1 | M . 1 | |
| Phys | 두 등 | : To | 27. Manner of Deeth | | 28a. Data | | ER/Outp | | UN | 4 🗆 14 | | me 5 Ras 28d. Dascribe | | | ry) | |
| | eath. or: After th the funeral | lo | 1 Natural 5 □ Pan | | (Mon | th, Day Year) | Inj | ury M | 28c, In W | ork? □Yas 2□ | | 200. 0000100 | non injury oc | 001100 | | |
| Attanding | tor: | cat | 2 Accident Inva 3 Sulcida 6 Cou | stigation | | | | | | | | Opt Location | Connet and Ale | mbos os Rus | nd Davite | Alumbas |
| or At | efter death. Director: After in by the funer | Certification: | | rmined | 28a. Place | of Injury - At ting, etc. (Spec | noma, tarn ify) | n, street, facto | ry, offic | 9 | | 28f. Location City or To | wn, Stata) | amber or Hur | BI HOULE | i Numbar, |
| Ital | within 24 hours efte To the Funeral Dire completely filled in | | | | | | | | | | | | | | | |
| deo | within 24 hours To the Funeral completely filled | edicai | 29a. Certifier 12% Certification (Check only 2 Medic | ying Ph | ysician: To the niner: On the b | best of my kn | owledge, | death occurred | et tha | tima, dete ar | nd place, | and due to the | cause(s) end | mennares a | steted. | use(s) |
| he t | the F | P | one) | -, | and man | nar stated. | | | | | | 00 01 (110 11110 | | | | |
| Tot | To | Σ | 29b. Signatura and titla of certi | let /W | pors Ci | nsulfin | o ph | ysocian 25 | c. Lica | nsa number | | | | gned (Month, | | ear) |
| | 20 | | arenelall | W. | | nsulfin | / | / . | 130 | 1/12 | | | MAY | 08 1 | 77) | |
| | | | 30. Name and address of person | on who | complated caus | | | | | | | 40 . | | | | |
| | | | VIRENDRA K. SA. | | a mo | 7100 De | ever | butted | Ct. | Bethe | 500 | me | 1-0817 | | | |
| | Sta | at o | 31. Data filed (Month Pay Yea | | | | | | | | | | | | | |
| | 218 | ate | | 1 4 | AAJ / | CHALLO | MINNA | A. Istanda | 00)_ | | | | | | | |

State of Maryland / Department of Health and Mental Hygiene 97 16654

| | | Decedent's Neme (First, Middle, Last | st) | | Certific | - LIO 01 | Doani | 2. Dete of Dec | Reg. No. eth | | 3. Time of Deat |
|--|------------------|---|---|----------------------------|----------------------------|---------------------------|---|---|---|--------------------------|---|
| Physicia | _ | Edward | J. | | Warner | | | Month May 7, | Day | Year | 11:30 F |
| /Medica Examine | _ | 4e. Facility Neme (If not institution, give | | | Warner | | 4b. City, Town, o | or Location of Death | | of Deeth | 11.50 1 |
| Lamine | ⁵ ' | Wilson Health Car | | | | | Gaithers | | Monte | | У |
| uneral irector | | 048-10-1314 | ex 7. Ag DXM 2□F | e (In yrs. lest 70 | birthday) If U Yrs. Mon | nder 1 Year ths Days | | n. (Month, De | th y, Yeer) , 1926 | | ece (State or Fore y) ecticut |
| * | | Usual Residence of Decedent 10e. Stete 10b. County | | 10c City To | own or Location | | | | | 10 | d. Inside City Lin |
| f sho | 20 | Maryland Montgo | morv | | ethesda | | | | | 10 | 1 ☐ Yes 2X |
| 28a | rec | 10e. Street end Number | ine Ly | ВС | | Zip Code | | | 10g. Citizen of W | het Counti | v? |
| 3a o | O O | 9911 Carter Roa | d | | | 208 | 317 | | United | | |
| item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examiner must be notified at | Funeral Director | 11. Merital Status 1 □ Never Merried 2KW Arried | 12. Was Decedent Armed Forces? 1 X Yes 2 1 | | | | | (Specify Yes or No- erto Ricen, etc.) | 14. Race Black | - America c, White, e | |
| Exa | þ | 3 ☐ Widowed 4 ☐ Divorced | If Yes, Give Year or Dates: | WW II | 1 | s 2 🗓 No | Specify: | | Specify: | Wh | ite |
| natu | Completed | 15. Decedent's Ed (Specify only highest grad | ucation de completed) | 16 | 6a. Decedent's l | Jsual Occu f work done | pation during most of w | rorking | 16b. Kind of Bus | slness/Indu | ustry |
| s marked other than aumstic event, the Ma | du | Elementary/Secondary (0-12) | College (1-4or 5 | | | | | | C 16 D | 1 | 1 |
| it ber | | 17. Father's Name (First, Middle, Last) | 5+ | | Electri | cal E | 0 | eme (First, Middle, | Self Emp | | d |
| o peo | o Be | Samuel Warner | | | | | Ethel | omo (r not, middio, | (Not A | • | able) |
| aumsti | ို | 19e. Informant's Neme/Relationship (7 | vpe. Print) | 1 | 9b. Mailing Add | ress /Stree | | Rurel Route Numbe | | | |
| 27 is r trau | | Beverly G. Warner | | | | | | thesda, M | | 208 | |
| item 27 other tra | | 20a. Method of Disposition | | 20b. Place | of Disposition | (Neme of | May 9, | Date | 20c. Location - C | City or Tow | m, Stete |
| ry or | | 1 ☐ Buriei 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify | Removal from State | Monts | eomerv (| Cremai | torium, | 199/ Inc | Bethesda | a. Ma | rvland |
| Important: If item 27 is eny injury or other trau once. | | 21 Signature of Funedal Service Loans | X Sino | M00846 | | | | neral Home, Bethesda, | | | |
| sician edical | | 23a. Part / Enter the disease, or compensation, or heert failure. List only of | Pneumo | | T | | | | | | Approximate nterval Between Onset end Deetl |
| miner | | disease or condition resulting in deeth) | | 3 | days | | | | | | |
| | Der | | Multip | | e consequence | oi). | | | l v | ears | |
| ransi | Examiner | Sequentially list conditions, | D | | a consequence | of): | | | 1.6 | eals | |
| | | Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury | Alzhei | mer's | Disease | | | | | Ye | ears |
| use es the bunal-transit | Medic | resulting in deeth) Last | d | Due to (or es | e consequence | of): | | | | | |
| d for use | <u>S</u> | Part II. Other aignificent conditions co | ntributing to death by | it not reculting | a in the underlyi | na cauca di | von In Port I | 23h Did t | obacco use con | tribute to t | the cause of de |
| | by Physician/ | ratti. Other argillicent continuons co | Milipoting to death bu | x not resuling | g in the undertyl | ng cause gr | ven in Pert I. | | res 2 No | | |
| has been sig | Completed | | | | | | | 24a. Was o | en eutopsy med? | com | e autopsy findin lable prior to pletion of cause eath? |
| page | 5 | | | | | | | 1 🗆 Y | 'es 2 ☑ No | 1 🗆 | Yes 2□ No |
| E 0 4 | | 25. Was case referred to medicel exeminer? | | | | | | eath (Check only or | ne) | | |
| P Sign | | TES ZUNO | | | Outpatient 3 | DUA | | Home 5 ☐ Resid | *************************************** | | |
| | cation: | 27. Manner of Death 1 ☑ NatureI 5 ☐ Pending 2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be | 28e. Date of Injur (Month, De) | Year) 28b | o. Time of Injury M | 28c. Inju Wo 1 | ry at rk? ∣Yes 2 □ No | 28d. Describe h | ow injury occurre | od | |
| the funer | _ | 4 Homicide determined | 28e. Place of Injubulding, etc | ry - At home, (Specify) | ferm, street, fac | ctory, office | | 28f. Location (S City or Tow | itreet and Numbe n, Stete) | r or Rural i | Route Number, |
| otor: | | | | f my knowled | ge, deeth occur | red et the ti | me, dete end pled opinion, death occ | ce, end due to the courred et the time, c | euse(s) end man | ner es ste | ted. |
| be Funeral Director: Aftar oletaly filled in by the fune ordical Centification | | 29a. Certifier (Check only one) 1☼ Certifying Phy 2☐ Medical Exami | sician: To the best of iner: On the basis of end menner sta | examinetion a ted. | and of investiga | | | | | | ne ceuse(s) |
| To the Funer completely fill | ledical | (Check only 2 Medical Exami | iner: On the basis of | examinetion a ted. | and of investiga | 29c. Licens | se number | - 2 | 29d. Date signed | (Month, D | |
| pletaly fill | ledical | (Check only 2 Medical Exami | iner: On the basis of | examinetion ated. | and investiga | | se number | | 29d. Date signed May 8, | | |
| completely fill | Medical | (Check only 2 Medical Exami | Iner: On the basis of end menner sta | _ v=v | 2 | | | | | | |

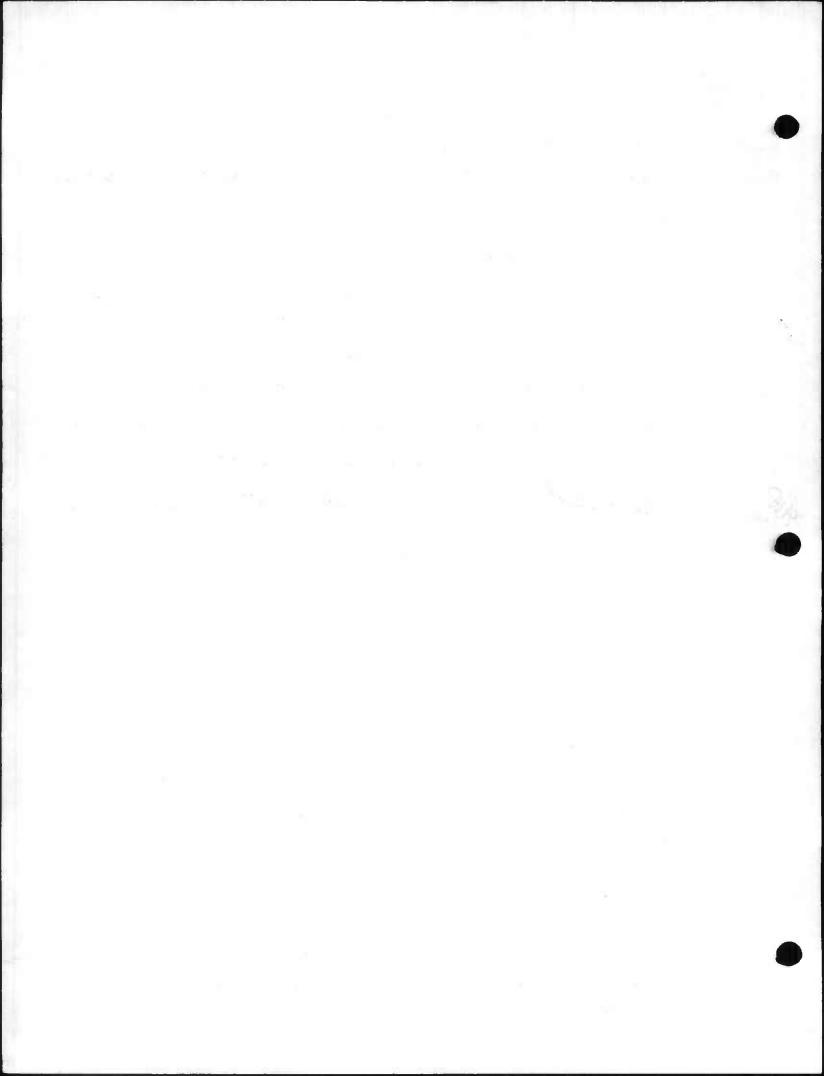


| | | | | | State of | i Maryla | - | artment of F rtificate of | Health and N <i>Death</i> | | giene g Reg. No. | 7 1 | 6655 |
|--|----------------|---------------------|---|----------------------------|--|--------------------------|------------------------------------|--|---|------------------------------------|------------------------------------|---|---|
| Phy | /sicia | ın | 1. Decedent's Neme (First, | | 7 | | | | | 2. Dete of De Month | Dey | Year | 3. Time of Death |
| /M | ledic | al | Emily 4e. Fecility Nema (If not Ins | | | nharl | | | 4b. City, Town, or L | 5 | | 1997 | 21:46 P |
| Fune Direct | | er | Washingto 5. Sociel Security Number 577 12 9243 | n Adv | entist : | Hospit 7. Age (In yrs | a1 last birthday) 96 Yrs. | If Under 1 Year Months Days | Takoma P | ark | Mon | tgomer | e (Stete or Foreign |
| pu . | | | Usuet Residence of Deced | | | 100.0 | ity, Town or Lo | cetion | | | | | |
| Maryle 4 sho | a page | ٥ | 50 1374 | | eorge's | | lvattsv: | | | | | 100 | I. Inside City Limits Î Î Î Î Î Î Î Î Î Î Î Î Î |
| h the | 1000 | Director | 10e. Street and Number | | corge 2 | , , | iyactsv. | 10f. Zlp Code | | | 10g. Citizen of \ | What Country | n |
| 23a c | MED | | 6406 Balfo | our Dr | • | | | 207 | 782 | | Unite | ed Stat | tes |
| 5-0020 72 hours after death with the Maryland natural', or items 23s or 28s-f show | EXAMINATION | by Funeral | 11. Maritel Status 1 ☐ Never Married 2 ☐ 3 ☒ Widowed 4 ☐ Div | | 12. Was Dece Armed For 1 Yes If Yes, Giv Yaar or Da | rcas? 2 📉 No e | 1 | Wes Decedent of H f Yes, specify Cub I ☐ Yes 2 ☑ No | dispanic Origin? (Sp en, Mexican, Puarto Specify: | pecify Yes or No Ricen, atc.) | | ce - Americen ck, Whita, etc y: Blac | |
| 121 Fig. 121 | ne Medical | Completed | | | ucetion de completed) College (1 | -4or 5+) | (Giva life. I | dent's Usuel Occup kind of work done DO NOT use retire | during most of work d) | king | 16b. Kind of B | usiness/Indus | stry |
| diled other | - Pur | Be C | 17. Fether's Nama (First, N | | | | Die | ator ope | 18. Mother's Nem | e (First, Middle, | | | ient |
| aryland 2 should be filed wanted Hygie | and a | ToB | Edwa | rd Br | ooke | | | | | Dorothy | Jeffer | son | |
| Maryland d 2 should be file th and Mental Hy 7 Is marked oth | Tage. | | 19e. tnforment's Name/Re | , , | | , | | | end Number or Rui | | | | |
| 1 end Health | | - | Dorothy Be: | cnel (| Daughte | | | Balfour stion (Neme of | Dr., Hyat | tsville Dete | , Maryla | | |
| Pages nent of int: If it | 7 04 | | 1 ☐ Burlel 2 ☒ Crem 4 ☐ Donetion / 5 ☐ Ot | | | Stete | cemetery, cren | n <i>atory or othar pla</i> | gton Crem | | | | |
| Baltimore, Marylar permit. Pages 1 end 2 should be Department of Health and Menta Important: If Item 27 Is marked | eny mp | 1 | 21. Signature of Funepel Sc | | | 611 | £ 22 | Neme end Addre McGuire | ss of Facility Funeral | Service | Inc. | | |
| Physici /Medic Examin | cal ner | Ja Ja | 23a. Part1. Enter the dises shock, or heart feiture transediate disess (Final disease or obadition resulting in death) | | | MARY | th. Do not ent | ar the mode of dyli | gia Ave., I | or respiretory e | rrest, | A In | pproximete itervel Between conset and Deeth |
| deeth certificate be executed ettending physician and | 10 ac 00 | In/Medical Examiner | Sequentially list conditions if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest | { | b | | or es a conseq | | | | , | | |
| . 0 03 | PO DO | Physician/M | Pert II. Other significant co | enditions co | ntributing to de | ath but not re | sulting in tha u | ndarlying ceuse giv | en in Pert I. | 23b. Did | tobacco use co | ntribute to th | he cause of death? |
| D d by | e detach | by Phy | | | | | | | | 10 | Yes 210 No | 3 Probat | bly 4 ☐ Unknown |
| W W S | Dinous 7 6 | Completed | | | | | | | | | an eutopsy med? | eveile | a autopsy findings able prior to pletion of cause eth? |
| - F # 6 | 200 | | | | | | | | | 10 | res 2⊠No | 1 D Y | res 2□ No |
| of Vital I Physician: The this certificate | 000 | To Be | 25. Wes case referred to m exeminer? 1 ☐ Yes 2 ☐XNo | | Hospitel: | npatient 2 | 3 ED/Outo etion | . all post Ott | 26. Plece of Deet | | | os (Caralta) | |
| Ming Ph After thi | E SE | | 27. Menner of Deeth 1 □XNeturet 5 □ F | Pending nvestigetion | 28a. Dete c (Monti | | 28b. Time of Injury | 28c. tnju | 4 Li Nursing ric | | dence 6 Oth | | |
| Divisk To the Hospital or Attent within 24 hours after death Connelate itilizer to the funeral director. | n ka u pe | Certific | | Could not be letermined | 286. Piece | of Injury - At i | nome, farm, str | eet, factory, office | | 28f. Location (: City or Tox | Street and Numb vn, State) | er or Rural R | toute Number, |
| To the Hospital of within 24 hours a To the Funeral Dominately filled in the Landschot filled in the L | pretary | edical | 29a. Certifiar 1 Ce (Check only one) | rtifying Phy dical Exam | raician: To the l Inar: On the ba and menn | sis of axamin | owledge, death etion end/or Inv | occurred et the til restigetion, in my o | me, dete end piece, opinion, daeth occur | end due to the red at the time, | ceuse(s) and me date end place, | end due to th | ed. ie ceuse(s) |
| | | | 29b. Signature and title of o | ertifier | 1 | | | 29c. Licens | se number | | 29d. Data signe | d (Month, Da | y, Year) |
| | 3 | | 1 A - De | religi | an | | | 12 | 5977 | | 5/11 | 197 | |
| | | | 30. Name and address of p | TAR | (and) | e of deeth (Ite | m 23e) (Type,) 7 HAC | Print) VDV EZZ | BARKWA | THA E | TREGALB | ELT D | V1-20770 |
| Reg | Stat gistra | e Ir | 31. Dete filed (Month, Dev, MAY 12 | 1997 | 32. Re | egietrar's Sign | - Aandal | ٤ | | | | | |

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 97 16656

| | | | | | | Ce | rtificat | e of | Death | | Reg. No. | / | 0000 |
|--|------------------|--|-------------------------|--------------------------|---------------------------|-----------------------|---------------------------|------------------|-------------------------------------|------------------------------------|---|------------------------------|-------------------------------------|
| | | 1. Decedent's Name (First | , Middle, Las | st) | | | | | | 2. Data of D | Peath | | 3. Time of Death |
| Physic | | Tho 1 ma | K | athryn | | Wri | ght | | | Month May | 9, 1997 | Year | 2:00AN |
| /Medi Exami | | Thelma 4a. Facility Name (If not in | | | nbar) | 112.1 | 9110 | - 17 | 4b. City, Town, o | or Location of Dea | | v of Death | Z:OUAL |
| CARITI | ilei | Mediplex o | | | | | | | Gaither | | 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | | |
| | | 5. Social Security Number | 6. S | | 7. Aga (In yrs. I | | If Undar | 1 Vear | If Under 24 H | - | | tyome | |
| Funeral Director | | | | □M 20 F | 94 | Yrs. | Months | Days | Hours M | in. (Month, L | Dey, Year) | | ace (Stata or Foreig try) |
| Director | | 497-01-3526 Usual Residence of Deced | lent | | | | | | | Jan. | 22, 1903 | Mi | ssouri |
| and ** | | | County | | 10c. City | , Town or Le | ocation | | | | | 10 | Od. Inside City Limit |
| Aary She | 5 | Md. Mo: | ntgome | rv | Ger | manto | wn | | | | | | 1.262 Yes 2N |
| Ne N | ec c | 10e. Street and Number | 2 7 7 7 7 | | | | | | | | | | |
| d within 72 hours efter death with the Maryland jiene. r than "natural", or flems 23s or 28e-f show than "natural", and the most perceived at the Medical Exercises of the | Funeral Director | | | | | | 10f. Zip | Code | | | 10g. Citizen of | What Count | try? |
| ath , | rai | 11124 Ced | ar Blu | | | | | | 376 | | US | | |
| ep a | La La | 11. Marital Status | | Armed For | dent Ever in U,: rcas? | S. 13. | Was Deced If Yes, spec | lant of h | lispanic Origin? an, Maxican, Pu | (Specify Yes or Nerto Rican, atc.) | lo- 14. Rai | ca - Amarica ck, White, a | |
| or in | F | 1 Never Married 2 | | 1 ☐ Yes If Yes, Giv | 2 No | | 1□ Yes | | Specify: | | | | |
| ours Fair | d by | 3 □ Widowed 4 🖰 Di | vorced | Year or Da | ites: | | | | opeony. | | Specia | White | е |
| d within 72 hours of gione. or than "natural", or | Completed | 15. De | cedent's Ed | ucation de completed) | | 16a. Deca | dent's Usua | Occup | pation during most of w | working | 16b. Kind of B | usiness/Ind | ustry |
| C 1 49 | ğ | Elementary/Secondary (| | College (1 | -4or 5+) | life. | DO NOT us | e retire | d) | OIKHIY | | | |
| d withi | No. | | | | 2 | N | ursin | g | | | H | ealth | care |
| d 2 should be filed v th end Mental Hygie 7 Is marked other i traumatic event, | Be | 17. Fathar's Name (First, f | /liddle, Last) | | | | | | 18. Mother's N | ame (First, Middl | e, Maiden Sumer | me) | |
| Mental I | To | Edwin | F. Wri | ght | | | | | Mary | Kathry | yn Bake | r | |
| d 2 should be filed withir th end Mental Hygiene. 7 Is marked other than traumatic evant, the M | - | 19a, Informent's Name/Re | lationship (7 | vpe, Print) | | 19b. Maili | na Address | (Street | | | ber, City or Town | | Code) |
| m E L A | | | | Great G | 'wandda. | | | | | | | | |
| - P E E | | 20a. Method of Disposition | | Great 6 | | aca of Dispo | | | Bluir | Date Ger | mantown 20c. Location | | |
| | | 1 ☐ Burial 2 MCrem | ation 3 🗆 | | State | metery, cre | metory or o | ther pla | | | | | |
| Demit. Peges 1 are Department of Hee mportant: If Item 3 any Injury or other 2009. | | 4 □ Donation 5 □ O | -// | | Mt. | Comf | ort C | rema | atory 5 | /12/97 | Ale | xandr | ia, Va. |
| permit. Peges Department of Important: If it any injury or once. | 10 | 21. Signature of Funeral S | ervillLicen | 90 | | | | | ss of Facility | | | | |
| E E E G A | | 1// | 21 | | | | Edward 1001 | a Sa Rock | agel Fun | eral Di | cection ville, | Md 20 | 1852 |
| | | 23a. Pert 1. Enter the dise shock, or heart failure | se, or comp | lications that ca | used the death | . Do not en | ter the mode | e of dyir | ng, such as card | iac or respiratory | arrest, | 10. 20 | Approximate |
| Physician | | Shook, of Heart lands | s. List Only (| nie ceuse on e | aci iiile. | | | | | | | | Interval Between Onset and Death |
| /Medical | | Immediate Ceuse (Final | | C 1 | A | | | | | | | | |
| Examiner | | disaase or condition resulting in death) | | a. CA | RCINOM | 4 OF | THE | 1) | 4ROAT | | | | |
| | ē | | | | Due to (or | as a conse | quence of): | | | | | 1 | |
| ted nsit | Examiner | | | b. — | | | | | | | | i | |
| certificete be executed ding physician end se as the buriel-trensit | хаг | Sequentially list conditions if any, leading to immediate | e e | | Due to (or | as a consec | quenca of): | | | | | | |
| be e ician burie | | cause. Enter Underlying Cause (Disease or Injury that initiated events | | C | | | | | | | | | |
| sete shys | /Medical | that initieted events rasulting in death) Last | | | Due to (or | as a consec | uence of): | | | | | | |
| E 01 6 | Me | | L | d | | | | | | | | | |
| | | | | 0 | | | | | | | | | |
| 0 0 0 | Physiciar | Pert It. Other aignificant co | onditiona co | ntributing to de | ath but not resu | Iting in the u | nderlying ca | ause giv | en In Part I. | 23b. Did | tobacco use co | ntribute to | the cause of death |
| law requires that the de as been signed by the e 2 should be detached | ې ^ل | | | | | | | | | 10 | Yes 2□ No | 3 □ Prob | abty 4 Unknow |
| ss that gned b | by | | | | | | | | | _ | | | , |
| n sig | | | | | | | | | | 24a. Wa | s an autopsy | | re autopsy findings |
| v require been si should | Completed | | | | | | | | | per | formad? | con | ilabla prior to |
| m - w | m | | | | | | | | | | | of d | eath? |
| tificete ha | | | | | | | | | | 1 | Yes 2 No | 1 🗆 | Yes 2□ No |
| Physician: this certific ral director, | Be | 25. Was case referred to n examiner? | | | | | | | | eath (Check only | one) | | |
| nystclen: The law requires the signest of director, page 2 should be continued by the signest of | O _L | 1 ☐ Yes 2 PANo | | Hospital: 1 ☐ Ir | patient 2 E | ER/Outpatier | nt 3□ DO | A Oth | er: 4 X Nursing | Home 5 Res | sidenca 6 🗆 Oth | ner (Specify |) |
| | ü | 27. Menner of Death | Don din - | 28a. Date o | f Injury | 28b. Time o Injury | f 28 | Bc. Injur Wor | y at | 28d. Describe | how injury occur | red | |
| f or Attending effer death. Director: Affei d in by the fune | atic | | Pending nvestigation | (10.01.0 | , 5 4, 7 | injury | M | | Yes 2 □ No | | | | |
| Atte or de by th | ific | | Could not be determined | 286. Place | of Injury - At hor | ne, farm, sti | eet, factory, | , offica | | | (Street and Numl | ber or Rural | Route Number, |
| | Certification: | 4 Homicide | | buildin | g, etc. (Specify, |) | | | | City or To | own, State) | | |
| To the Hospital or within 24 hours effer To the Funeral Dir completely filled in | | 29a. Certifier | rtifying Phy | sician: To the I | nest of my know | rtedne death | occurred a | at the tir | ne date and nia | ce, and due to the | e cause(s) and me | onnor as etc | atad |
| Pur Fur etely | edical | (Check only 2 Me | dical Exami | ner: On the ba | sis of exemineti | on and/or in | vestigation, | In my o | pinion, deeth oc | curred at the time | , date end piece, | and due to | the cause(s) |
| within 2 To the comple | Me | 29b. Signature and title of | cartifier | 41101110111 | or stated. | | 29c | Licens | e number | | 29d. Date signe | d (Month F | lav Veerl |
| | | 1.1.71 | 121 | hler | commen n | ~ | | | | | | | ruy, roar, |
| 7 | | - www | m | 10000 | man. | | | ע | 27985 | | 5-9. | -4 / | |
| - 1 | | 30. Name end address of p | | | | | - | | | | | | |
| | | WILLIAM H. S | LVERMI | B CM LAP | og VAL | S MILL | ra, | ROL | KVILLE, M | 0 20851 | | | |
| Sta | ite | 31. Date filed (Month, Dey, | Year) | 32. Re | gistar's Signat | ure | , | | | | | | |
| | ar | MΔY | 131 | 99/ | Gula Da | Hdron-L | fande 12 | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

3. Time of Death 1. Decedent's Neme (First Middle Last) 2. Dete of Deeth Month **Physician** IRENE YOST EVELYN /Medical 4a. Fecility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Fallston Fallston General Hospital Harford If Under 1 Yeer | If Under 24 Hrs. 9. Birthplece (State or Foreign Country)
Maryland 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** Deys 1 M 2 W F Yrs 182-16-1025 76 Director Usuel Residance of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Examinar must be notified at 1 ☐ Yes 2 No Director Md. Harford Bel Air 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21014 13 S. Reed Street U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Yaer or Datas: Was Decedant of Hispanic Orlgin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Bleck, Whita, etc. 11. Maritel Stetus permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural", or iter any injury or other traumatic event, the Medical Examinations. 1 Never Merried 2 Married 1 Yes 2 No Specify: Specify: Caucasian by 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highast grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) Clerk Post Office 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Harry Hopkins Edward Rachael Guyton Singleton 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Coda) /Son 406 E. Broadway George H. Yost Jr. Bel Air, Md. 21014 20b. Place of Disposition (Neme of cematary, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 Burlal 2 Cremetion 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Bel Air Mem. Gardens 5/16 Bel Air, Maryland 22. Name and Address of Facility
Kurtz Funeral Home, P.A. 21. Signeture of Funerei Service Licensee Jarrettsville, Maryl

23a. Part1. Entar the disease, or complications that causad my death. Do not enter tha mode of dylng, such as cardiec or raspiratory arrast, sheck, or heart fellure. List only one ceuse on each list Jarrettsville, Maryland Approximata Interval Between Onset end Deeth **Physician** Cardiogenic Shock + Ventu cular Immediate Cause (Finei disease or condition resulting in death) /Medical Krs **Examiner** Sevil (Schemic Examiner ician and burial-trensit Sequentielly list conditions, if eny, leeding to immediata causa. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in daeth) Last ettending physician for use es the buria Physician/Medical Dua fo (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown p 24b. Ware eutopsy findings availebla prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? certificate hes 1 Yes 2 No 1 ☐ Yes 2 ☑ No or Attending Physician: 25. Wes case referred to medical axeminer? Be 26. Pleca of Daeth (Check only ona) Hospital: 1 █ Inpatianf 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To After this 28e. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d, Describe how Injury occurred 1 DNatural 5 Pending efter deeth. Director: Aft 1 Tyes 2 No investigation 2 Accident 6 Could not be determined 3 Sulcide Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, straat, fectory, offica building, etc. (Specify) 4 ☐ Homicide Hospital 24 hours e Funeral C 15 Certifying Physicien: To the best of my knowledge, deeth occurred at the tima, dete end piece, end due to the ceuse(s) end menner es steted.
20 Medical Exeminer: On the basis of examination and/or investigation in my science and the ceuse(s) and menner es steted. 29a. Certifier (Check only one) edical Exeminer: On the basis of examinetion end/or Investigetion, In my opinion, death occurred et the time, date end plece, end due to the ceuse(s) and menner steted. within 2 29b. Signeture end titl Attending D.16444 May14th

30. Nama and address of person who complated causa of daath (Item 23e) (Type, Print)

VIJAY - S . NAIR M.D. 2012 BELAIR ROAD FALLSTON; MD 21047

31. Dete filed (Month, Dey, Year)

1997 32 Print Minature

Registrar

31. Dete filed (Month, Dey, Year)

MAY 15

-L-c-1 The same of the sa

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** AtKINS OHA EVERETT MAY 25 /9 97 4c. County of Deeth 25 /Medical H Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year)

May 29, 1923 HARYLAND

And 10d. Inside City Line 4a. Fecility Neme (Not institution, give street end number) Examiner 5. Sociel Security Number 6. Sex STREET 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1**X**M 2□ F 215-14-582 7.3 Yrs. Director Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 □ No BALTIMORE CITY Director MARYLAND 10e. Street end Number 10g. Citizen of Whet Country? 8 6 ms 23a 509 LYNDHURST STREET USA. Funeral 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Never Merried 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1□ Yes 20 No 3 ☐ Widowed 4 ☐ Divorced BLACK 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 9+HG RADE College (1-4or 5+) PAINTER AIRCRAFT HANUFACTURES Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Pages 1 and 2 should be sent of Health and Mental JOHN ATKINS DICKERSON 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MARGARET E. ATKINS (WIFE) 509 LYNOHURST ST. BALTIHORE, HD. 21229

20e. Method of Disposition

20b. Plece of Disposition (Name of cemetery, cremetory or other plece)

20c. Location - City or Town, Stete of Health a Item 27 is 20e. Method of Disposition
1 ⊠ Burlel 2 □ Cremetion 3 □ Removel from Stete 4 Donetion 5 Other (Specify) GARRISON FOREST CEME 5-30-97 OWINGS HILLS, MD.

22. Name end Address of Fecility
JOSEPH H. BROWN JR. FUNERAL HOME, P. A. 21. Signetate of Funeral Service License 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate

Approximate **Physician** Carcinomo tmmediate Ceuse (Finel diseese or condition resulting in deeth) /Medical Examiner Due to (or es e conseque nce of): Physician/Medical Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760, Due to (or as e consequence of) P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 10 3 Probably 4 Unknown Division of Vital Records, þ 24b. Were autopsy findings svelleble prior to completion of cause of deeth? Completed 24a. Was en eutopsy performed? page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No or Attanding Physician: Be 25. Wes cese referred to medical 28. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 → No Certification: To After this 28c. Injury et Work? 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 1 Neturel 5 Pending investigation s efter death.
I Director: Af
ed in by the fu 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Locetion (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide To the Hospital within 24 hours e 29e. Certifier 1 Cortifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner stated. Medical completaly (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 1)22673

716 Maiden Chiosce Best MD 21228

State Registrar ADIL

VA

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

TOTOON CHIE

HATTI LATE emperatur e granders v War Fire a receipt frequency of the fi Supplication of the control of the c \$50 and the second section of the second section of the second section is because the gifted, make a compart of the ball of the contract of the contract

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Daath **Physician** Month Janice May 28 1997 /Medical 4a. Facility Nama (If not institution, giva straaf and number) 4b. City, Town, or Location of Deeth 4c. County of Daath Examiner Hopkins Hospital Baltimore | H Under 1 Year | H Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | 1 - 20-53 5. Social Sacurity Number 6. Sex Birthplace (State or Foreign Country) 7. Aga (In yrs. last birthday) **Funeral** 1 M 2 F 4/3 Yrs. 217-58-750, Director Usual Rasidance of Dacedant 10b. County 10c. City, Town or Location 10d. Insida City Limits 25a-f show BALT IMORE Director 1 Yas 2 No 10e. Street and Number 10g. Citizan of What Country? 21205 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas 2 10 No if Yas, Giva Yaar or Datas: 13. Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 11. Marital Status 1 Naver Married 2 Married 1 Yas 2 No Saltimore, Maryland 21215-0020 Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK Be Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Collaga (1-4or 5+) Eiamantary/Secondary (0-12) CLERK 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maldan Sumeme) permit. Peges 1 and 2 should be fit.
Department of Health and Mertal He
Important: if item 27 is marked oth
any injury or other traumatic even CACVIN J. BOOTH 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) ER 920 BROADWAY

20b. Placa of Disposition (Nama of camatary, cramatory or other piece) 13acto. md. 21205

Data 20c. Location - City or Town, Stete BLANCHE BOOTH- MOTHER 20a. Mathod of Disposition 6/2/97 BACTO. 1 Burlai 2 ☐ Cremation 3 ☐ Ramoval from Stata VoschELL CEMETERY 4 ☐ Donation 5 ☐ Othar (Spacify) 22, Name end Address of Facility duray Botto. md. 21213 21. Signetura of Funeral Sarvice Licensee 23a. Part | Enter the difference, or compilications that coused the death. Do not antar the mode of dying, such as cerdiac or raspiratory arrest,

Approximate Approximate Interval Batween Onset and Daath Physician Immedieta Causa (Finel disaasa or condition rasulting in daath) /Medical a. Respiratory Failure
Dua to (or as a consequence of): 48 hours **Examiner** Examiner 2 years Metastatic Lung Cancer siclan and buriel-trensit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaase or Injury that initieted evants rasulting in daath) Last Dua to (or as a consequence of). P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No None Records, Completed 24b. Wera autopsy findings available prior to 24a. Was an autopsy performed? complation of causa of death? 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No of Vital or Attending Physician: 25. Was cesa rafarrad to medical axaminer? Medical Certification: To Be 26. Piaca of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Hospital: 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA A Setter des. 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Division 1 Natural 5 Panding invastigation 2 Accidant 6 Could not be 3 Sulcide 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicida To the Hospital o within 24 hours eff To the Funeral Di completely filled in 15 Certifying Physician: To the best of my knowledge, death occurred at the lime, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Cartifiar 29b. Signatura and titla of certifiar 29c. Licanse number 29d. Date signed (Month, Dey, Year) RES-000 May 28, 1997 30. Name and address of person who complated ceusa of death (Itam 23a) (Type, Print) Eric Lee Nuermberger, mi) 31. Data filed (Month, Day, Year) 32. Registrer's Signatura State JUN 02 1997 Registrar

DHMH 16 Rev 6/95



19. 44, 24 E. Min. 1981 of Min.

Please Type or Print in Black Indeiible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 16660

| | | | Certificate of Death | Reg. No. | |
|-------------------------------------|----------------|---|--|---|--|
| Physicia | an | 1. Decedent's Neme (First, Middle, Last) Geneva | Bryant | 2. Date of Deeth Month Dey 2 | 3. Time of Dee |
| /Medica | | 4e. Fecility Neme (If not institution, give street end number | | | |
| Examine | er | 600 N. Wolfe ST. | Johns Hopkins Bat | timore | NIA |
| Funeral | | | Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs Months Days Hours Min. | | Birthplece (State or For Country) |
| Director | | UNKNOWN 10M2XF | 42 Yrs. | FEB 8, 1955 | PENNSYLVANI |
| E | | Usual Residence of Decedent 10e. Stete 10b. County | 10c. City, Town or Location | • | 10d. Inside City LI |
| 28a-f sho | tor | MARYLAND N/A | BALTIMORE | a ITV | 1⊠Yes 2□ |
| r 28a | Directo | 10e. Street end Number | 10f. Zip Code | 10g. Citizen of V | Whet Country? |
| | | 1200 E. LAFAVET | TE AVENUE 2120 | 12 4 | SA. |
| 15 | Funeral | 11. Marital Status 12. Was Decede Armed Force | nt Ever in U,S. 13. Wes Decedent of Hispanic Origin? (S s? If Yes, specify Cuben, Mexican, Puer | pecify Yes or No- o Rican, etc.) 14. Rac | e - American Indien, ck, White, etc. |
| | by | 1 Never Merried 2 Married 1 Yes 2 If Yes, Give Year or Date | □ No 1□ Yes 2⊠No Specify: | Specify | BLACK |
| 14 | Completed | 15. Decedent's Education (Specify only highest grede completed) | 16e. Decedent's Usual Occupation (Give kind of work done during most of wo life. DO NOT use retired) | rking 16b. Kind of Bo | usiness/Industry |
| then then the Man | mp | Elementary/Secondary (0-12) College (1-4c | Home MAKE | | 1 4 |
| | | 17. Fether's Neme (First, Middle, Last) | | R & OWA | |
| od Mental merked o | To Be | JOSEPH BRYANT | THOM | ASINA FOO | TMAN |
| | - | 19e. Informent's Name/Relationship (Type, Print) | 19b. Meiling Address (Street end Number or Ri | | |
| alth a 127 is er frei | | JOSEPH BRYANT (FAT | HER) 3430 EDMONDSON | AVE. BALTIMORI | E. MD. 2/2 |
| 計画 | | 20a. Method of Disposition | 20b. Placa of Disposition (Neme of cametery, cremetory or other place) | Dete 20c. Location | City or Town, State |
| tant: If qury or | | 1 Burial 2 ☐ Cremetion 3 ☐ Removel from Ste 4 ☐ Donetion 5 ☐ Other (Specify) | MT. ZION CEMETERY | -6-97 BALTI | MORF- MARVI |
| y int | | 21. Signature of Funeral Service Lightsee | 22. Name and Address of Facility JOSE PH H. BRO | TO FUNGO | AL HOME P |
| REES | | Manue Dil | JUN 2140 N. FULTON | WN JA, THER | MARE MO 2 |
| | | 23e. Part 1. Enter the disease, or complications that cause on send of heart failure. List only one cause on send | sed the death. Do not enter the mode of dying, such es cardie tilne. | or respiretory errest, | Approximate Intervel Between |
| hysician | | | | | Onset end Dee |
| /Medical xaminer | П | Immediate Cause (Final disease or condition | Respiratory fails Due to (or es a consequence of): Disseminated histoplas | ire | ~ 1 da |
| | | resulting in death) e. | Due to (or es a consequenca of): | | |
| E . | nine | b | Disseminated histoplas | MOSIS | > 1 100 |
| sician and burial-transit | Examiner | Sequentially list conditions, if eny, leading to immediate cause. Enter Undertying Cause (Disease or injury | Due to (or es e consequenca of): | | |
| | | cause. Enter Underlying Cause (Disease or Injury thet initiated events | AIDS | | riye |
| physis the | /Medical | resulting in death) Lest | Due to (or es e consequence of): | | |
| | | d | | | |
| e attar | Physician | Pert II. Other significant conditions contributing to death | but not resulting in the underlying cause given in Pert I. | 23b. Did tobacco use co | ntribute to the cause of o |
| igned by the a | , Y | | | 1 Yes 2 No | 3 Probably Wun |
| pe ed | by | | | | |
| been si should | | | | 24e. Wes en eutopsy performed? | 24b. Were eutopsy find eveilable prior to |
| has be | Completed | | | | completion of caus of deeth? |
| page | Col | | | 1 ☐ Yes 2 No | 1 ☐ Yes 2 No |
| is certificata ha | Be | 25. Was case referred to medical examiner? | | eth (Check only one) | |
| 5 6 | 2 | 1 ☐ Yes 20 No Hospital: paper 27. Manner of Death 28e. Dete of It | | fome 5 Residence 6 Oth | |
| After funer | Certification: | Matural 5 Pending (Month, I | njury 28b. Time of 28c. Injury et Work? M 1 □ Yes 2 □ No | 28d. Describe how injury occur | 100 |
| death. ctor: A y the fu | ficat | 2 □ Ruiside 6 □ Could not be | Injury - At home, farm, street, factory, offica | 28f. Location (Street and Numb | ber or Rural Route Number |
| Dire Dire | erti | | elc. (Specify) | City or Town, Stete) | |
| neral fille | | 29a. Certifier Sertifying Physician: To the be | st of my knowledge, death occurred at the time, date and place | , end due to the ceuse(s) end ma | anner es steted. |
| ~ 7 0 | | | of examinetion end/or investigation, in my opinion, death occur | | |
| P Fu | op o | | | | |
| within 24 To the Fu | Medicai | 29b. Signature end title of certifier | 29c. License number | | d (Month, Day, Year) |
| within 24 To the Fu completel | | - 4 4 | | | |
| | | - 4 4 | Physician Res-08 | | |

State Registrar JUN 0.2 1997

32. Registrer's Signeture

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See 1997 The see of the see

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Dete of Death **Physician** Month arion ay 251997 rown /Medical 4b. City, Town, or Location of Death 4a. Fecility Nema (If not institution, give street and number) 4c. County of Death Examiner BALTIMORE If Under 24 Hrs. 8. Date of 1BERT MEDICAL CENTER 7. Age (In yrs. last birthday) If Under 1 Yeer 5. Sociel Security Number Birthplaca (State or Foreign Country) 6. Sax **Funeral** 1□M 2X F Days Min. 220-12-697 Yrs. Director OCT. 10, 1914 MARYLAM Usuel Rasidance of Dacedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 □ No Director MARYLAND BALTIMORE 10e. Street and Number 10g. Citizan of What Country? 2503 AVENUE VIOL USA. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No ff Yes, Give Yaar or Datas: Was Decedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 11. Marltal Status 1 Naver Married 2 Married 1 ☐ Yas 2 X No Specify: Specify: BLACK 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Comple Eiementary/Secondary (0-12) College (1-4or 5+) 12 TH GRADE PRIVATE FAMILIES WORKER 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Be WESTON PHILIP HEATHER (MN-UNKNOWN 19a. tntormant's Name/Raiatlonship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) TRUST BROWN SON 2030 W. FAYETTE STREET, BALTO, HD, 21223 Vama of Data 20c. Location - City or Town, Stata 20b. Piaca of Disposition (Nama of cematary, cramatory or other place) 20e. Mathod of Disposition Bunai 2 Cramation 3 Ramoval from Stata ZION CEMETERY 5-30-97 BALTIMORE, MARYLAND 4 Donation 5 Othar (Specify) 21. Signature of Funerel Sarvice Licansee 22. Name and Address of Fecility 22. Name and Address of Fecility JOSEPH H. BROWN JR, FUNERAL HOME, P.A. 2140 N. FULTON AVE. BALTHORE, MD. 21217 It enter the mode of dying, such as cardiac or raspiratory arrest, Approximate interval Between Onset and Death 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediata Causa (Final helem Shia disease or condition rasulting in deeth) **Examiner** Sequentially tist conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or injury that initiated evants resulting in death) Last eng Physician/Medical Dua to (or es e consequanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Be Completed by 24b. Ware autopsy tindings available prior to complation of cause of death? 24a. Was an autopsy 1 Yas 25. Was casa ratarred to medical examinar? 26. Placa of Death (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1□ Yes 2No Inpatient Medical Certification: To 2□ ER/Outpatient 3□ DOA 28b. Tima ot 28d. Dascribe how injury occurred

Box 68760. attending physician for use as the buna the P.O. I signed by the signed of the detached for Records, Division of Vital Hospital or Attending Physician: 24 hours after death. funeral After To the Hospital or Attendit within 24 hours after death.

To the Funeral Director: At completely filled in by the fu

28a-f

b

Saltimore, Maryland 21215-

permit. Pages 1 and 2 should be obpartment of Health and Mental important: If New 27 is marked of

27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28c. injury at Work? 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 Sulcide 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homlcida

29a. Cartiflar

t Certifying Physician: To the bast of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. Licansa number

29d. Data signed (Month, Day, Year)

d caess of death (Itam 23a) (Type Priot) 30. Nama and eddrass of person who co H2 122

State Registrar 31. Data filed (Month, Day, Year)

(HW)

or a

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Dete of Deeth 3. Time of Death Month

Physician /Medical **Examiner**

Directo

Funeral

Be

2

BOONE RUTHANNA 4e. Fecility Neme (If not institution, give street end number)

St. Agnes Hospital

6. Sex

1□ M 2√√

MAY 4b. City, Town, or Location of Death 1040 AM

Funeral Director

> 8 must be

23a

permit. Pages 1 and 2 st Department of Health and Important: If them 27 is n any injury or other traum

Physician /Medical

Examiner

burial-transit

the

and

physician

Box 68760.

Records, P.O.

Division of Vital

the Hospital or Attending Physician: hin 24 hours aftar death. the Funeral Director: After this certifica

To the Hosping within 24 hours after To the Funeral Directors and To the Funeral Directors and Total Printed in Total Printed In In Total Printed In India Printed In India Printed In India Printed In India Printed In India Printed In India Printed In India Printed In India Prin

Examiner

Physician/Medical

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Completed

Be

Certification: To

Medicai

220-24-6231 Usual Residence of Decedent

5. Sociel Security Number

10b. County

If Under 1 Year 7. Age (In yrs. lest birthdey) Months Deys 84 Yrs.

Baltimore If Under 24 Hrs. 8. Date of Birth
Hours Min. Decarber 31,1912

4c. County of Deeth

27

 Birthplece (State or Foreign Country) Maryland

10d. Inside City Limits

Maryland

1. Decedent's Neme (First, Middle, Last)

10c. City, Town or Location Baltimore County

Catonsville

10f. Zip Code

1 ☐ Yes 2√ No 10g. Citizen of Whet Country?

10e. Street end Number 320 Oella Avenue

11. Maritel Status 1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 XXIIII of Yes, Give Year or Dates:

13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 No Specify:

21228

14. Race - American Indien, Bleck. White, etc. white Specify

USA

15. Decadent's Education (Specify only highest grede completed)

College (1-4or 5+)

16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementary/Secondery (0-12) unknown

homemaker

own home 18. Mother's Name (First, Middle, Melden Surname)

17. Fether's Neme (First, Middle, Last)

Arthur S. Lambert

Nellie Cashman

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

19e. Informant's Neme/Reletionship (Type, Print)

320 Oella Avenue, Catonsville, MD 21228

Mr. Leonard E. Boone, Sr./spouse 20e. Method of Disposition

20b. Place of Disposition (Name of cemetery, cremetory or other place)
Lakeview Mem. Pk.

Date 20c. Location - City or Town, State

Burial 2 Cremetion 3 Removel from State 4 ☐ Defition 5 ☐ Other (Specify)

22. Name and Address of Fecility

30 MAY 97 Eldersburg, MD

Slack Funeral Home, P.A.

M00535 Ellicott City, Maryland 21043 beck, or heart failure. List orfly one ceuse on each line.

Immediate Ceuse (Finel disease or condition resulting In deeth)

sensis

Due to (or es e consequence of):

10 days

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest

Due to (or es e consequence of)

Due to (or es e consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

23b. Did tobacco use contribute to the ceuse of death? 1 Yes 2 No 3 Probably 4 Unknown

dementia

24e. Wes en eutopsy performed?

24b. Were eutopsy findings eveilable prior to completion of cause of deeth?

1 ☐ Yes 2 ☐ No

25. Wes case referred to medical examiner? 1 Yes 2 No

28e. Dete of Injury (Month, Day Year)

1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of 28c. Injury et Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

26. Plece of Deeth (Check only one)

27. Menne of Death 1 Naturel 2 Accident 3 Suicide

4 Homicide

5 Pending investigation 6 Could not be determined

28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, State)

2 No

29a. Certifier (Check only one)

12 Certifying Phyeiclan: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) and manner stated.

29b. Signature end title of certifier

po-9145

1 Yes 2 No

29d. Date signed (Month, Dey, Year) MAY 27, 1997

K. Chantomsaeng, M.D.

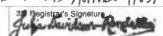
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

KONGSAK CHANTORNSAENG ST. AGNES HOSPITAL 900 CATON AVE. BALTIMORE, MD2/229

State Registrar

10

31. Dete filed (Month, Day, Year) JUN 0 2 1997

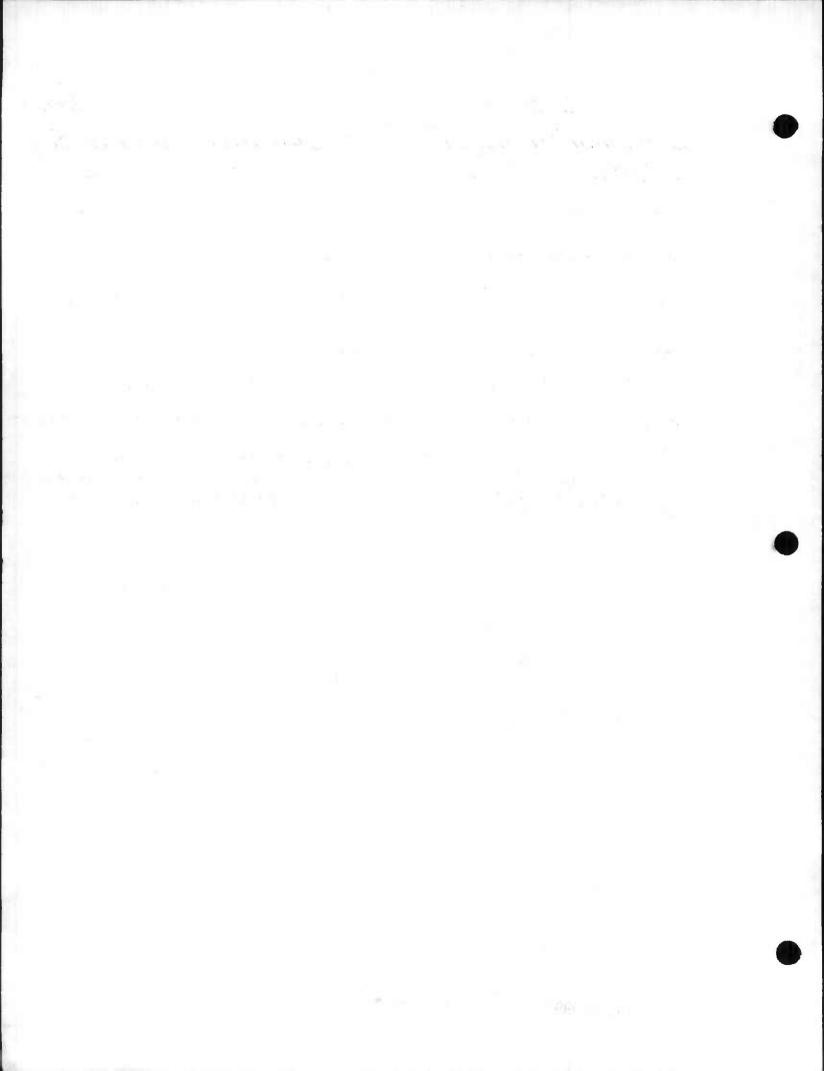


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word early the term

State of Maryland / Department of Health and Mental Hygiene 97

| | | | | | | Cer | tificate d | of Deat | h | | Reg. No. | | |
|--|----------------|--|--|--|---|--|-------------------------------------|------------------------------|------------------------------|----------------------------------|-------------------------------------|--------------------------------------|--|
| Physic /Med | | Sutt | ne (First, Middle, La | Boon | l | | | | | 2. Dete of D Month | Dey 23 | Yeer | 3. Tima of Deeth 7. 44 pm |
| Funera Directo | iner | 4e. Fecility Neme Social Security 21/2-20- | | ann | Sy Ctr 7. Age (In yrs. let | 601, E. bell st birthday) Yrs. | Months De | Ball of Und | 40. Y | nd. 8. Date of Bi (Month, D | Mal | 9. Birth | The City place (State or Folloign ntry) NC |
| | | Usuet Rasidence | of Decedent | | 01 | | | | | 10-1 | 2-13 | | NC |
| death with the Maryland ms 23a or 28a-f show r mast be notified at | tor | 10e. State Md | 10b. County NA | | | Town or Loc timor | | | | | | 1 | 10d. Inside City Limits 1X Yes 2 ☐ No |
| or 28 | Director | 10e. Street end N | ımber | | | | 10f. Zip Cod | е | | | 10g. Citizen of | Whet Cour | ntry? |
| 23a | <u>a</u> | 1817 N | . Dallas | Stree | et | | 2121 | 3 | | | USA | | |
| 20 s efter | by Funeral | | ried 2 Married | 12. Was Dec Armed Fe 1 Tyes, Gi Yeer or D | 2€No ve | | /as Decedent Yes, specify C | | | cify Yes or N Rican, etc.) | o- 14. Ra Ble Specii | ce - Americ ock, White, fy: Bl | |
| 5-00; 72 hours natural; dieal Ex | Completed | (Spe | 15. Decedent's Ed | ducetion ede completed) | | 16e. Deced | ent's Usuel Oc | cupetion | ost of workii | na | 16b. Kind of E | Businass/In | dustry |
| 121 vithin | Jd E | Elementary/Sec | ondary (0-12) | College (| | | ind of work do O NOT use re | | 001 01 1101111 | 9 | | | |
| | ပိ | 8th Gr | ade (First, Middle, Last) | NA | | Hon | nemake | | bada Nama | /First Maintale | in H | | |
| od all of | To Be | Willia | m | Taylo | r | | | De | ellia | | T | aylo | |
| Maryla d 2 should th end Mer 7 is marks traumatic | | | lame/Ratetionship (| , , , , | | | | | | | ber, City or Town | | |
| C = N - | | Palest 20e. Method of Dis | | Boone | 20b Ple | | ition (Name of | | Str | Dete B | altimo: | | |
| Page nent o unt: If I | | A □ Donetion | ☐ Cremetion 3 ☐ 5 ☐ Other (Specify | y) | State Cen | natary, crem | etory or other ore Ce | plece) | y 05 | | | | re, Md. |
| Baltim permit. Par Department Important: any Injury | | 21 Signature of F | uneral Service Licer | 1500 | 10 | 22. | Name end Ad | dress of Fed | cility | Ва | ltimor | e, M | aryland |
| 00500 | | Tal | the diseese, or com art feilure. List only | 10 | no | | | | | | E. Nor | th A | venue |
| certificate be executed EXE William be bused of the burlet fransit is es the burlet-fransit | | Immediate Ceuse disease or condition resulting in death) Sequantielly list of eny, leading to iccuse. Enter Und Cause (Disease othet initiated even resulting in death) | onditions, mmediate erlying r injury s | b. Flet c. Rev | the cille | es e consequence de c | Posis (i | aut Aic | stage en | aile sh 9n | rection | toe | (C) |
| | | | | d. Was | | | | | | | | | |
| O e the | Physicia | Pert II. Other eign | ficent conditions o | ontributing to d | eath but not resulti | ing in the un | derlying cause | given In Per | rt I. | | | | o the cause of death |
| thet the | by Pt | gas | 1036 | my | Jeeo | ling | 7 4 | be | | 1 | Yes 2 No | 3□ Pro | bably 4 Onknow |
| of Vital Records, P Physician: The law requires that this certificate has been signed to rel director, page 2 should be det | Completed b | dene | bro Va | aseu | lar | di | Secr | re | | 24e. We | s en eutopsy ormed? | ev | fere eutopsy findings reliable prior to empletion of cause deeth? |
| Vital Rec | E | | | | | | | | | 1 | Yes 20 No | | Yes 20No |
| ital | BeC | 25. Was casa refe | rred to medical | | | | | 26. Pla | ce of Death | (Check only | 101 | | 2700 2010 |
| of Vita Physician: this certific | ToB | axaminer? 1 ☐ Yas 2 【 | No | Hospital: 1 🗆 | Inpetient 2 El | R/Outpatient | 3□ DOA | 04 . | - | | idence 6 🗆 Ot | her (Specif | (y) |
| E & # 5 | Certification: | 27. Manne of Dea 1 Wetural 2 ☐ Accident 3 ☐ Suicide | th 5 Pending invastigation 6 Could not be | 1 | ith, Dey Year) | 8b. Tima of Injury | M . 1 | njuryet Work? I∐Yas 2[| □No 2 | 28d. Describe | how Injury occu | rred | |
| Division Division of Attanding ster death. | Certif | 4 Homicida | determined | 286. PIECE | of Injury - At hom ing, etc. (Specify) | e, tarm, stre | eτ, τactory, offi | C 0 | 2 | City or To | (Street and Num own, State) | ber or Hure | el Route Number, |
| To the Hospital or within 24 hours efte To the Funeral Direct | Medical | 29a. Certifier (Check only one) | 1 Cartifying Ph 2 Medical Exam | ninar: On the b | bast of my knowle esis of examination ner steted. | edge, daeth n end/or inve | occurred et the estigation, in m | tima, data y opinion, d | and place, a eath occurre | and dua to the ed et the time | causa(s) and m , date end piece, | annar as s , end due to | tated. the ceusa(s) |
| Toth within Toth | M | 29b. Signeture and | hour | Completed as | rife | W. 0 | ein | D 3 | 3060 | 51 | 29d. Date signed House A | ed (Month, 23 | Dey, (Year) |
| | | 1601 K | ress of parson who | sluelo | lere. | Bal | tim | ore. | H | ed - | 21- | 23 | 9 |
| St Regis | ate trar | 31. Data filed (Moi | IN 0 2 1997 | 32. 7 | lagistrar's Signatur | Aande | ec. | | | | | | |



State of Maryland / Department of Health and Mental Hygiene 97 | 6664

| | | | | | C | ertific | cate of | Death | | Re | g. No. | | | |
|---|---|---|--|--------------------------|----------------|------------|---|--------------------|--------------------------|--|----------------------|---------------------------------------|--|-----------------|
| D | _ | 1. Decedant'e Nama (First, Middle, Lu | ist) | | | | | | | 2. Data of Deat Month | h Dey | Yaar | 3. Time | a of Death |
| Physician /Medical | _ | James C | Bush | | | | | | | 05 | 26 | 97 | 1 | :020 |
| Examiner | | Aa. Facility Nama (if not institution, given Baltimore VA | | | | | | Bal | timo | | 4c. Count | y of Death | | |
| Funeral Director | | | Sex 1 M 2□F | 7. Age (In yrs. | last birthde | Mon | Inder 1 Yeel oths Deys | | Min. | 8. Deta of Birth (Month, Day, 01-12- | Year) 18 | 9. Birthp | ntry) NC | te or Fora |
| 2 3 = | - | 10a. Stata 10b. County | | 10c. Ci | ity, Town or | Location | | | | | | 1 | 10d. inside | e Clty Lim |
| 28a-f show notified at | 2 | Md. NA | | В | alti | | | | | | | | 1 ½ Y | /es 2□! |
| 234 o | 9 | 10e. Street end Number 2000 O'Dell Ar | enue | | | | i. Zip Coda 21237 | | | 10 | 0g. Citizan of U | What Cour SA | ntry? | |
| of, or its | 2 | 11. Meritel Stetus 1 Navar Merried 2 Married 3 Vidowed 4 Divorced | 12. Wes Dece Armed For NOA'es If Yas, Giv Yaar or Da | rcas? 2 □ No e | J,S. 1 | | ecedant of specify Cul as 2 12 No | | gin? (Spec , Puarto R | cify Yes or No- lican, atc.) | | ce - Amaric lok, White, fy: Bla | | |
| te fire | | 15. Decedant's E (Specify only highest gr | ducetion | | 16e. De | cedant's | Usuel Occu | pation | of workin | | 16b. Kind of B | Business/In | dustry | |
| Hygiene. The Medical of the Medical | | Elamantary/Secondary (0-12) 12th Grade | Collaga (1 | -4or 5+) | iife | | orer | during most ed) | OF WORKE | | Ft. Hosp | | rd V | Α. |
| d other event, | | 17. Fether's Nema (First, Middle, Last | | | | | | 18. Motha | r's Nama | (First, Middle, N | Aaiden Sumei | me) | | - |
| 5 0 0 m | 2 | William | | Bush | | | | Ca | rrie | 2 | | Wh | itak | er |
| h and Mante 7 is marked traumatic o | - | 19a. Informant's Name/Raiationship | | | 19b. Ma | ailing Add | drass (Stree | | | Route Number | City or Town | | | |
| 5 5 | | Dorothy Gree | | | | _ | | | | Road I | | | | |
| 355 | 2 | 20a. Mathod of Disposition 1 | | Steta | | rematory | or other pi | ace) A Cem | 0.5 | Data 5-30-9 | 20c. Location 7 Cros | | | |
| Department of Important: If it any injury or ones. | | 21. Signature of Funaral Sarvice Lice | nsaa | ? | | | | ess of Facility | | altimon | | _ | | 21 |
| nysician | | 23a. Part1. Enter the disaesa, or corr shock, or heart failura. List only | plicetions that ce ona causa on a | oused tha dae | Do not | | | | | | | | Approxir Interval I Onsat a | mate Batween |
| /Medical xaminer | | Immediete Causa (Final disaasa or condition rasulting in daath) | a. M | yocare | | | | 4 | | | | | 241 | nr |
| sit is | | | p. Pu | Duato | or as a cons | | demo | | | | | | 2 h | 1 |
| physician and is the burial-transit | | Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Causa (Disaase or Injury | | Dua to (| or as a cons | sequance | of): | | | | | | | |
| 5 6 2 | | thet Initieted events resulting in death) Last | с | Due to (d | or es a cons | equance | of): | | | | | | 74 | |
| d by the attendietached for us | | | Q | | | | | | | | | | | |
| sed for | 1 | Part II. Other significant conditions | contributing to de | ath but not res | sulting In the | undarly | Ing causa g | ivan in Part I. | | 23b. Did to | bacco use co | ontribute to | o the caus | se of de |
| D 50 C | | | | | | | | | | 1 □ Y | 2 No | 3 Pro | bably 4 | Unk |
| page 2 should be deta | | | | | | | | | | 24e. Wes en | n eutopsy ned? | av | ara autoporailable pri emplation deeth? | or to |
| certificate hes rector, page 2 | | | | | | | | | | 1 □ Ya | s 2 No | 1[| □Yas 2 | No |
| rector, p | | 25. Was cesa rafarred to medical | | | | | | 26 Place | of Death | (Check only on | | | | |
| | | examiner? 1 ☐ Yas 2 No | Hospital: | patiant 2 | ER/Outpat | lent 3E | DOA O | lhor: | | na 5□ Rasida | | her (Specif | (v) | |
| eral d | | 27. Mannar of Death | | f Injury n, Day Year) | 28b. Time | of | 28c. Inju | | | 8d. Describe ho | | | ,, | |
| rs efter death. al Director: After t ed in by the funera Certification: | | 1 Natural 5 Pending 2 Accident Invastigatio 3 Suicida 6 Could not b | n | | Injur | М | 10 | Yas 2 🗆 ! | | 8f. Location (St. | reet and Num | ber or Rur | ei Route A | lumber |
| | | 4 Homicida datarmined | | of Injury - At h | | | | | | City or Town | , State) | | | |
| in 24 hou he Fune plately fil edical | | 29a. Certifiar (Check only one) 1 Certifying Ph | niner: On the ba and mann | sis of axamina | ation and/or | invastiga | ation, in my | opinion, daal | th occurre | d at tha tima, da | ata and place, | anner as s , and dua te | tated. o tha ceus | ia(s) |
| To the | | 29b. Signature and title of certifier | 2/1 | / | | | 29c. Lican | sa number | | 25 | 9d. Dete signe | ed (Month, | Dey, Yea | r) |
| | | dini | Melli | u | | | P | 10219 | 1 | | 5/21 | 6/97 | 7 | |
| | 3 | 30. Nama and addrass of person who | completed cause | of death uth | n 23a) (Tvr | e, Print) | 10 | Nort | th G | reene | Stree | + | | |
| 1 | | Lisa Kilbu | 10 6 | Br | Itim | Ne | VA | Medi | cal c | reene | Bal | to., | Md. | . 2 |
| State | 3 | 31. Data filed (Month, Day, Year) | 32.7Re | egistrar's Signa | atura 70 | de Mar | | | | | | | | |

who make e

State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death 1997 Month Physician Day 31, James Bailev March 8:45 AM /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner Evergreen Nursing Home Baltimore Baltimore City 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Yaar) May 2, 1935 9. Birthplace (Stata or Foreign Country) New York 7. Aga (In yrs. last birthday) **Funeral** Days Hours 1₩ M 2□ F 217-28-8564 Yrs Director Usual Rasidance of Decedant 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limita the Marylar Baltimore City Maryland Baltimore 1 Yas 2□ No Director 28a-f 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? Gia "natural", or items 23a or edical Examiner must be r 3811 Hayward Avenue 21215 U.S.A. Funeral 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 12. Was Decedant Evar in U.S. Armed Forcas? 110km 11. Marital Status unknown 14. Race - Amarican Indian, Black, Whita, atc. Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene.
Int. If Item 27 is marked other than "natural", or for 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry the Me Elamantary/Secondary (0-12) Collage (1-4or 5+) unknown unknown unknown unknown 17. Fathar'a Nama (First, Middla, Last) 18. Mothar'a Nema (First, Middle, Maidan Sumama) Be unknown unknown 2 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Steta, Zip Coda) unknown unknown 20b. Place of Disposition (Nema of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Department of Important: If it 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 🖄 Other (Specify) In State ò Director 21. Signature of Fundral Sarvice Licensea 22. Nama and Addrass of Facility Ronald S. Wade State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 macin Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Deeth **Physician** Immediata Causa (Finel disaasa or condition resulting in death) /Medical Val Monary Fibros & Due to (or es e consaquance of): Examiner Examiner physician end the buriel-transit Saquantially list conditions, if any, leading to immadiata cause. Entar Undarfying Causa (Disaase or Injury that initiated evants resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): 88 950 for Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? detached 1 Yes 2 No 3 Probably 4 Unknown e montra signed t þ 24b. Wara autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed hes 1□ Yas 2₽No certificate 1 Yaa 2 No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica funeral director. 25. Was casa refarred to medical axaminar?

1 Yes 2 No 26. Piaca of Daath (Check only ona) Hospitel: Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Dey Year) 27. Manner of Death Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 1- Natural 5 Panding 1 Yas 2 No Invastigation 2 Accident 6 Could not be datamined 3 ☐ Suicida To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by th Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicida 29a. Certifier 1 Certifying Physician: To tha best of my knowledge, daeth occurred et tha time, deta and piece, and due to the ceuse(s) and mennar es stated. Medicai (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) Douse 30. Nama and address of parson who completed causa of daath (Itam 23a) (Type, Print) The Market A 31. Data filed (Month, Day Year)

State Registrar

JUN02

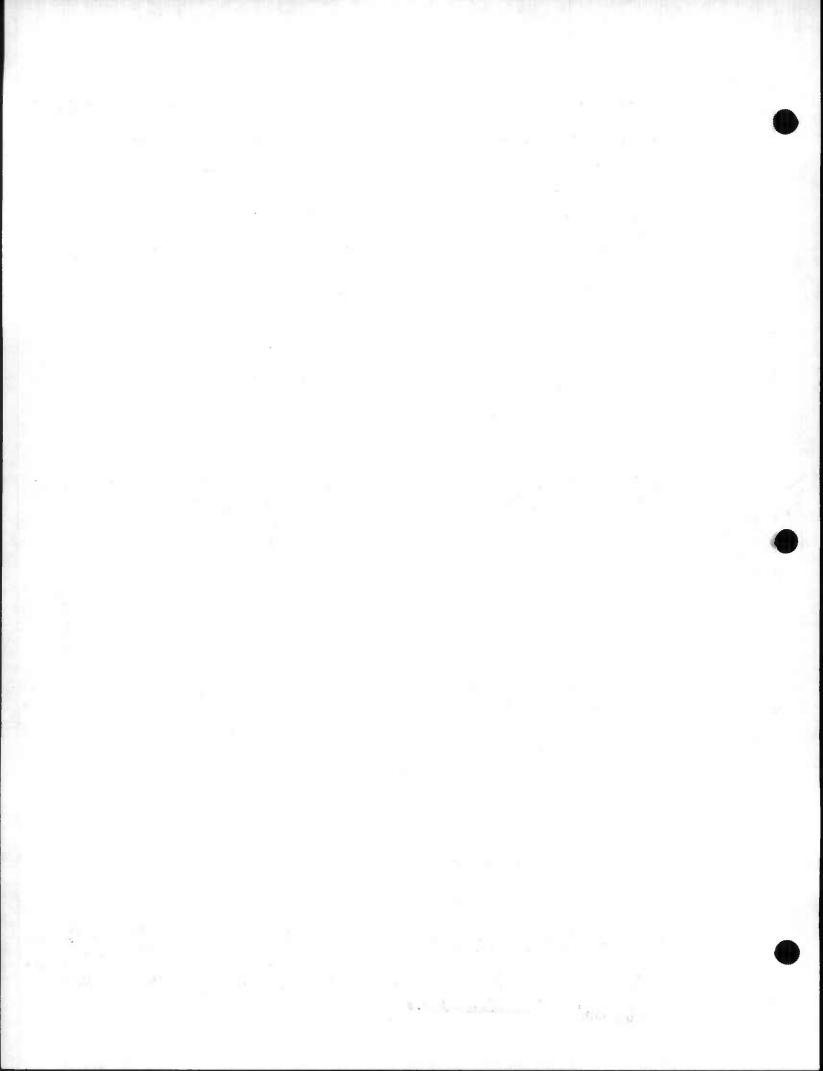
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth Month **Physician** Katherine Bartley May 8, 1997 5:40 AM /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** National Lutheren Home Rockville Montgomery 5. Sociel Securify Number If Under 1 Year | If Under 24 Hrs. | Months | Deys | Hours | Min. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) March 15, 9. Birthplece (Stete or Foreign Country)
D.C. **Funeral** Months 1 □ M 2 ☑ F 215-03-9642 Yrs 92 Director 1905 Usuel Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Director Maryland 9701 Veirs Drive, Rockville 1 ☐ Yes 2 No Montgomery 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò 20850 U.S.A. 9701 Veirs Drive items 23a death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No It Yes, Give Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lt Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Reca - American Indian. Bleck, White, etc. 72 hours after 1 Never Married 2 Memled "naturel", or Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify White 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry oe filed within 7 et Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Clerical Support Private unknown 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Majden Surname) and 2 should be fill lealth and Mentet H m 27 is marked oth Be Caroline L. Thomas Howard S. Fisk 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Department of Health ar important: If item 27 is any injury or other trau unknown unknown 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 ☐ Buriat 2 ☐ Cremetion 3 ☐ Removal trom Stete 4 Donetion 5 □ Other (Specify) 21. Signature of Funeral Service Licensee 22. Neme end Address of Fecility Ronald S. State Anatomy Board, 655 W. Baltimore Street ctor unany Baltimore, Maryland 21201 23a. Pol 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediete Cause (Finel diseese or condition resulting in deeth) Examiner Physician/Medical Examiner 107 The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury thet Initiated events resulting in deeth) Lest and physician at s the buriel-t P.O. Box 68760, Due to (or es e consequence of) ettending p signed by the e Pert II. Other significant conditions contributing to deeth but not resulting by the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, þ Completed 24b. Were autopsy findings 24e. Wes en eutopsy aveileble prior to completion of cause of deeth? performed? page 2 s has 1 Yes 24 No 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: 25. Wes cese referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 1 ☐ Yes 2 ☐ 10 Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To After this funeral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury at Work? 28d. Describe how injury occurred 1 Neturel 5 Pending Investigation To the Hospital or Attandii within 24 hours efter death. To the Funeral Director; A 1 Tyes 2 No 2 Accident the 3 ☐ Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, term, street, factory, office building, etc. (Specify) completely filled in by 4 Homicide 1 Critifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) and menner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title ot certified 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) NATIONAL 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature State JUN 0 2 1997 Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month ene (If not institution, give street and number) 4b. City. Town, or Location of Deeth Rince George's piscopAL 7. Age (IA M 20 F Deys 10a. Stete 10b. Court 10c. City, Town or Location 10d. Inside City Limits Maryland Prince Georges Mitchellville 1 ☐ Yes 20 No 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 10450 Lottsford Road 20701 U.S.A. 12. Was Decedent Ever in U.S. Armed Forces?unknown 1 M Yes 2 □ No If Yes, Give Yeer or Dates: 1942–45 13. Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 11 Marital Status 1 ☐ Never Merried 2 ☑ Merried 1 Yes 2 No Specify: Specify: White 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Editor Newspaper unknown unknown 17. Father's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) Walter Conklin Blakeslee Carolyn Van Akin 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 20701 Martha Blakeslee/wife 10450 Lottsford Road, Mitchellville, Maryland 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service License Ronal d ²² Neme and Address of Facility State Anatomy Board, 655 W. Baltimore Street Wade, Director wee Baltimore, Maryland 21201 23a. Plant. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, appek, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Deeth Atheros claratu Immediate Cause (Final disease or condition resulting in deeth) Due to (or es e consequença of) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Follwe 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evelleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2EINO 1 ☐ Yes 2 ☐ No 26. Place of Deeth (Check only one)

Physiclan /Medical Examiner

The law requires that the death certificate be executed

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To the Hospital within 24 hours a To the Funeral D completely filled

P.O. Box 68760.

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Examiner

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Items 23a death

"natural", or

permit. Pages 1 and 2 should be filled within: Depertment of Health end Mental Hygiene. Important: If Nem 27 is marked other than "nay injury or other treumstic event

72 hours efter

Baltimore, Maryland 21215-0020

event, the Medical Examiner must be notified at

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for use es signed by the detact page 2 should in by

Examiner Physician/Medical ð Completed Be 2 Certification:

25. Wes case referred to medical Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 1 Maturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Sulcide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 29e. Certifier 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated.

29b. Signeture end title of cartifier Du ld.

29c. License number 2250

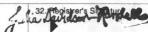
29d. Date signed (Month, Day, Year) 5/5

Executive Place 4502 Jectrook 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar

Medical

31. Dete filed (Month, Dey, Year)
JUN 0 2 1997



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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month MAY 1/30A RUTH 1997 05 /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 301 St. PAUL PLACE BALTIMORE Ctr. BALTIMORE mercy med 5. Sociei Security Number If Under 1 Year if Under 24 Hrs.

Months Deys Hours Min. 9. Birthplece (State or Foreign , Country) 7. Age (In yrs. lest birthday) **Funeral** 1□M 20XF 218-22-4910 Director Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Locetion 10d. Inside City Limits NIA 12 Yes 2 No Director BALTIMORG 288-11 10e. Street end Number 10g. Citizen of Whet Country? b 2847 21217 ROOK 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 2 ☐ No
If Yes, Give
Yeer or Detes: 13. Wes Decedent of Hispanic Orlgin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 Never Married 2 Married 1 Yes 2 No Specify: BLACK 3 Widowed 4 □ Divorced Completed by 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Baltimore, Maryland 2121 Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Balto City School Typist ä 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Pages 1 and 2 should be the ment of Health and Mental Hautt If Item 27 is marked oth lury or other traumatic event MARIE Smith POLLACK JAMES 19e. Informent's Neme/Relationship (Type, Print) DAU9 hter 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Bond 2847 Wood BROOK AVE. BALLO. md. 21217 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 Buriei 2 ☐ Cremetion 3 ☐ Removel from State ARBUTUS MEM. P.K. 6/3/97 BALto, Md. Important: It any injury o 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signelure of Funeral Service Licensee

22. Name and Address of Facility

23. Name and Address of Facility

24. Name and Address of Facility

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26. Name and Address of Facility

27. Name and Address of Facility

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21. Signalure of Funeral Service Licensee

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29. Name and Address o **Physician** Immediete Ceuse (Final disease or condition resulting in death) /Medical Examiner To the Hospital or Attending Physician: The law requiras that the daath certificate be assecuted within 24 hours after deeth.

To the Funeral Director: After this cartificate has been signed by the ettending physician end Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last of Vital Records, P.O. Box 68760, pertension Physician/Medical been signed by the e should be detached t Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 Yes Be Completed by 24a. Wes en eutopsy performed? 24b. Were eutopsy findings avellable prior to completion of cause of deeth? director, page 2 1 ☐ Yes 2 No 25. Wes cese referred to medical exeminer?

1 Yes 2 □ No 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA Certification: To 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division 5 Pending investigation Neturel 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 T Homleide Textifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner as stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner steted. 29a. Certifier Medical completely: 29b. Signeture end title of cartillig 29c. License number 29d. Date signed (Month, Day, Year) 5-29-97 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) CHOPRA NERRAJ 301 PLACE Bacti Md 31. Dete filed (Month, Dey, Year) 82. Registrar's Signeture State

Registrar

JUN 02 1997

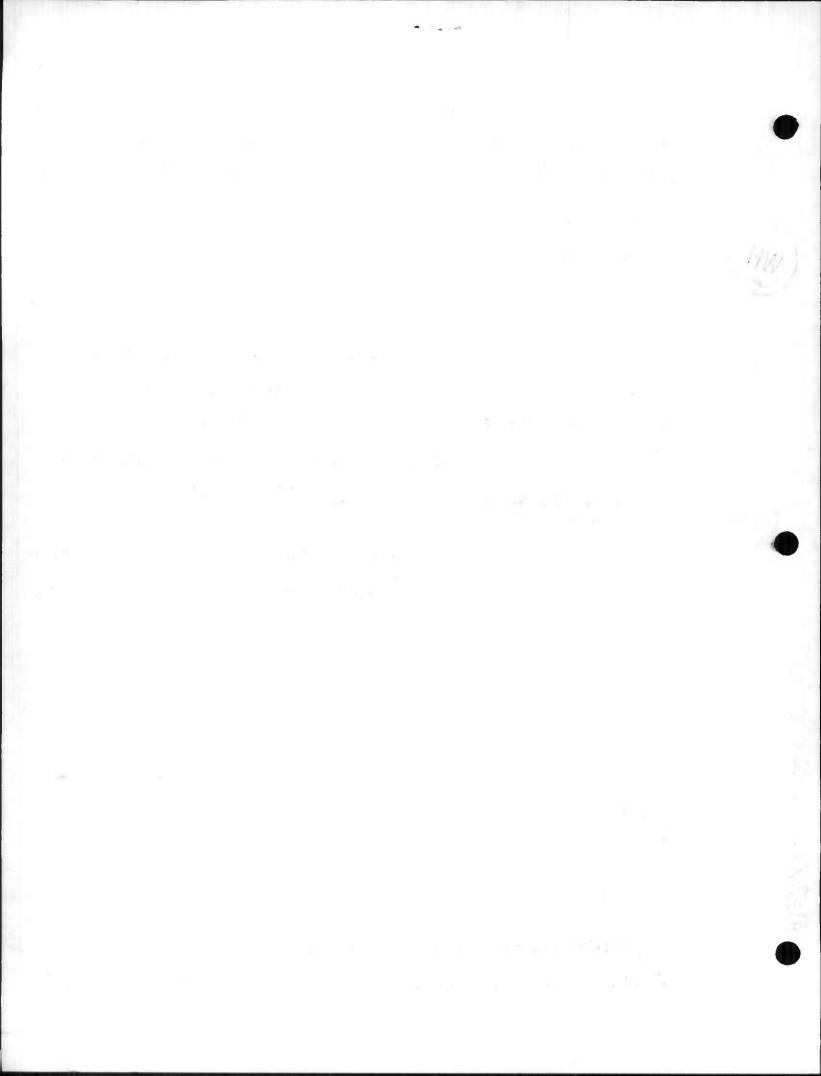
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Section 1981 to 1981 t

State of Maryland / Department of Health and Mental Hygiene

| | | | | otato of maryia | | ificate of | f Death | | leg. No. | 1 | 16669 |
|--------------------|--|-----------------|---|---|---------------------------------------|-------------------------------------|---|---|----------------------------------|--------------------------|---|
| | Physici | an | Decedent's Nema (First, Middle, La | | | | | 2. Data of Dee | | Yeer | 3. Time of Deeth |
| _ | /Medi | | MELVIN | BAZEMORE | | | | MAY | 27, 19 | | 7:45 P.M. |
| | Examir | ner | 4a. Facility Neme (If not institution, giv | | | | 4b. City, Town, or Lo | | 4c. County | | |
| | | | JOHN HOPKIN H 5. Social Security Number 6. S | OSPITAL 7 And 10 and | s. last birthday) | If Under 1 Yea | BALTIMOR ir If Undar 24 Hrs. | | N2. | | |
| | Funerai Director | | | X M 2□ F 55 | Yrs. | Months Day | | 8. Date of Birth Month, Dey APRIL | 27,1942 | BAL | plece (Stete or Foreign TIMORE, MD. |
| | ytand | | 10e. Stete 10b. County | 10c. C | City, Town or Loca | ation | | | | 1 | IOd. Inside City Limits |
| _ | Hed | to | MARYLAND CITY | В | ALTIMORE | | | | | | 1 Yas 2 No |
| 100 | 200 | Director | 10e. Street and Number | | | 10f. Zip Code | | 1 | l0g. Citizan of V | What Cour | ntry? |
| 11 | MARE. | | 728 LINNARD STRE | ET | | 2122 | 9 | | USA | | |
| 020 | | by Funeral | 11. Marital Status 1 □ Never Married ② Married 3 □ Widowed 4 □ Divorced | 12. Was Decedent Ever in I Armed Forcas? 1 ☐ Yes 2 ☒ No If Yes, Give Yaar or Dates: | | as Decedent of Yes, specify Cu | Hispenic Origin? (Speban, Maxican, Puerto Spacify: | ecify Yes or No- Rican, etc.) | 14. Rac Blac Specify | ck, White, | can Indien, etc. |
| 9 | 72 ho natur lical | ted | 15. Decedent's Ed | Jucation | 16a. Decede | nt's Usual Occi | upation e during most of worki | | 16b. Kind of Bu | usiness/In | dustry |
| Maryland 21215-00; | men. | Completed | (Specify only highest green Elamentary/Secondary (0-12) | Collaga (1-4or 5+) | | | | ng | | | |
| 2 | ygion wer th | Co | 12 | | OAK | HILL V | ILLAGE CO. | | MAINT | | CE |
| Due | the filled that Hygi d other event, I | Be | 17. Father's Neme (First, Middle, Last, | | | | 18. Mother's Name | | | | |
| Z | 2 should b and Menta is marked aumatic e | 7 | EARL MORGAN | | | | ELAINE | BAZEM | | RGAN | |
| Ma | 0. 当 章 章 | | 19e. Informent's Name/Retetionship (| | | | et end Number or Rure | | | | |
| | | | BARBARA PURNELL 20e. Method of Disposition | | Ptece of Disposi | | STREET, B | | E, MARY 20c. Location - | | - |
| Baltimore, | 0 = = 0 | | 1 D Burial 2 □ Cremetion 3 □ | Removel from State | cemetary, creme | etary or other p | , | | | | |
| 量 | permit. Page Department of Important: If any injury or otice. | | 4 ☐ Donation 5 ☐ Other (Specification of Company Service Licer | | ESTERN | CEMETE! | | | | RE, N | MARYLAND |
| Ba | Deput Impo | | rollong p | 1, Esty | 130 | O EUTA | THERS FUNE W PLACE, B | ALTIMOR | E, MARY | LAND | 21217 |
| | | | 23a. Pert1. Entar the disease, or com shock, or heert failure. List only | plications that caused the dec ona ceuse on each line. | eth. Do not anter | the mode of dy | ying, such es cardiac d | r raspiratory arr | est, | | Approximete Interval Between |
| | Physician / /Medical | | Immediate Cause (Final | | 1 | 1.11. | | | | | Onset and Death |
| | Examiner | | Immediate Cause (Final disease or condition rasulting In death) | θ | H | ANO | XIA | | | 1 | MINUTES. |
| | | ē | | Due to (| (or es e consequ | ence of): | 111 | | | | VITARE |
| | uted | edical Examiner | | b | MS | /// | 14 | | | | YZMRS |
| Ć, | icete be executed physician and s the buriel-transit | Exa | Sequantially list conditions, if eny, laading lo Immadiete cause. Enter Undarlying Causa (Disaese or Injury thet initieted events | Due to (| or es e consaqu | ence of): | | | | 1 | |
| 68760, | ysicia ysicia | cai | Causa (Disaese or Injury thet Initiated events | c. Due to (| or es a conseque | ence of): | | | | | |
| | E 000 | | resulting In daeth) Last | | o. oo a oo.ooqa. | 31100 01/. | | | | | |
| Вох | th ce tendir | an/ | | d | | | | | | - | |
| | v requires that the death cer been signed by the ettendir should be deteched for use | Physician/N | Pert II. Other significent conditions of | ontributing to death but not re | sulting In the unc | teriying ceuse g | given in Part I. | 23b. Did to | bacco use co | ntribute to | o the cause of death? |
| P.O. | d by t | Phy | | | | | | 1 □ Y | es 2 No | 3 Prof | bably 4 Unknown |
| S, | signe I be d | by | | | | | | | | T | |
| 0 | requi | Completed | | | | | | 24e. Was e perfor | n eutopsy med? | av | ara autopsy findings reilable prior to empletion of causa |
| 3ec | has the | npi | | | | | | | | of | daeth? |
| a F | : The | | | | | | | 1□ Y | es 2 No | 1[| Yes 🛣 No |
| Vital Records, | ysician: The lav is certificete has director, pege 2 | Be | 25. Wes cese referred to medicat axeminer? | Hospital: | | | 28. Placa of Death | | | | |
| To | Phys this ral dii | - To | 1 ☐ Yes 2 No 27. Mannar of Deeth | 1 ☐ Inpatient 2 | ER/Outpetient | 3LI DUA | 4 LI Nursing Ho | na 5 Reside | | | y) |
| | ding Phy h. After thi funeral | tion | 1 Naturel 5 ☐ Panding | (Month, Dey Year) | Injury | 28c. Inj W M 1[| ork? ☐ Yes 2 ☐ No | zou. Describe n | 7W IIIJuty Occum | 160 | |
| Division | deatl deatl ctor: y the | Certification: | 3 ☐ Suicida 6 ☐ Could not be | | home form street | | | 28f Location (S | treet and Numb | per or Run | al Route Number, |
| S. | after Dire | erti | 4 ☐ Homicide datermined | building, atc. (Speci | ify) | n, raciory, omo | | City or Town | | | |
| 1 | To the Hospital or Attending i within 24 hours after death. To the Funeral Director: After completely filled in by the funeral process. | edicai C | 29a. Cartiflar (Check only one) Check only one) | yelcian: To the best of my kni ilner: On the besis of axamina and mannar stated. | owledga, daath o ation end/or inva | occurrad at tha stigation, in my | time, dete end ptece, o opinion, daath occurr | end due to the c ad at tha tima, d | euse(s) end me ata and place, | anner es s and due tr | tated. o tha cause(s) |
| | within To the comple | N N | 29b. Signetura and title of certifier | and marrier stated. | | 29c. Licer | nsa number | 2 | 9d. Data signe | d (Month, | Dey, Year) |
| | - ≤ - ŏ | | Million | well sel | a | Do | 3276 | | _ | | |
| | 0 | | 30. Name and address of person who | | | rint) | 70/8. | | - 0 | 7 | // . |
| | Y | | A. PAIR AUX 31. Dete filed (Month, Dey, Year) | OA, U. Ø. 32 Registrer's Sign | 0105 | T. PA | 23276. AUL ST. | 1-A. | CARTIL | 10,76 | - 21202. |
| | Sta Registr | | JUN 2 1997 | Julia Davids | -A-Archel | 2 | | | | | |

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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| 0 | O | 1 | 0 |

| | 1. Decedant's Nama (First, Middla, I | .ast) | | 001 | tificate | 011 | Death | 2 | . Data of Deat | eg. No. h | | 3. Time of De | eath |
|--|--|--|-----------------------------------|--------------------------------------|--|----------------|---------------------------------|-------------------------|---|---------------------------------|---------------------------|--|----------|
| Physician /Medicai | Dorothy | Cha | imers | | | | | | Month MAY 3 | 0, Day 199 | Yaar 7 | 10:23 | |
| Examiner | 4a. Facility Nama (If not institution, g SAINT JOSE) | | | enue o | | 4 | b. City, Town | , or Loca VSON | tion of Death | 4c. County | of Death |)DE | |
| Comment of | | Sax | 7. Aga (in yrs. | - | If Under 1 | Yaar | If Under 24 | | | | - | | Familian |
| Funeral Director | 212-22-3761 | 1□M 2 X F | 70 | Yrs. | Months | Deys | | Min. | Data of Birth (Month, Dey, | Year) 1926 | Mary | iace (Steta or F try) | oraigii |
| 1 1 | Usuai Residance of Decedant 10a. Stata 10b. County | | 10c, Cit | ty. Town or Loc | ation | | | | | | 1 | 0d. fnsida Clty | Limits |
| da-f sh diffed a | Md. Baltim | ore | 7 | PETKVILI | E | | | | | | | 1 ☐ Yas 2 | |
| Die Die | 10e. Street and Number 2711 Maple Av | e | | | 10f. Zip (| oda 123 | 4 | | 10 | Og. Citlzan of | | try? | |
| ranios mar be notified | 11. Maritel Status 1 Nevar Marriad 2 Married 3 Widowed 4 Divorced | 12. Was Dace Armed Fo | /0 | 1 | as Deceda Yas, specit | | | ? (Specif Puarto Ric | pecify Yas or No- o Ricen, atc.) 14. Race - Amarican Black, Whita, etc. Specify: WHIT | | | etc. | |
| | 15. Decedant's (Spacify only highast g | Education | | 16a. Deceda | nt's Usual | Occupa dona | ation during most o | f working | | 16b. Kind of B | | | |
| Completed | Elementery/Secondary (0-12) | Collega (1 | -4or 5+) | FOOD | | | | | | Balton | C | Schoo | la |
| event, Be C | 17. Fethar's Nema (First, Middle, La. | st) | | | | | | Nama (F | First, Middle, N | | | , 901100 | 113_ |
| atic en | Robert Beauchan | 1P | | | | | NELLIE | Fire | ZPATRI | CK | | | |
| an an an an an an an an an an an an an a | 19a. Informent's Neme/Ralationship | (Type, Print) | | 19b. Malling | 9b. Malling Address (Street end Number or Ru | | | | | City or Town, | Stata, Zip | Coda) | |
| m 27 is ma her traum | LINDA INGRAM doughter 35 Benury Cr. Batte. Md. 21228 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of Data 20c. Location - City or T | | | | | | | | | | | | |
| nt: If he | 20a. Mathod of Disposition 1 Mathod of Disposition 1 Donation 2 Cramation 3 4 Donation 5 Other (Special Control of Con | | Stata | Placa of Dispos cemetary, crami | atory or oth | ar plac | _ | Jus | ne3 | | | | |
| portant: y injury ss. | 21. Signature of Funarai Sarvica Lic | | U.S. | | | | . Cem. | | 776 | GOXYIS |)n , M | | 211 |
| 2 至 量 器 | B2-1606 | DX | | · . | | | - 1 NA | | | 2-11-0- | 101 1 | Balta Md | |
| sician | 23a. Part1. Entar tha disaesa, or co shock, or haart feilura. List on | nulcations that o | aused tha daat ech lina. | h. Do not anta | the moda | of dyin | g, such es ca | rdiac or r | aspiratory erre | est, | la va | Approximate interval Batwee Onsat and Dea | en |
| dical niner | Immediata Ceusa (Final disaasa or condition rasulting in deeth) | INTR | | BRAL H | _ | RHA | AGE | | | | | L2 HOU | RS |
| iner | | . h | D) of ebd | or es e consequ | ance on: | | | | | | | | |
| s the burial-transit | Sequantially list conditions, if eny, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated evants | 0. | Dua to (c | or as a consequ | ance of): | | | | | | | | |
| 0 66 | that initiated evants resulting in death) Last | C | Dua to (o | r as a consequ | ance of): | | | | | | | | |
| d by the attendir letached for usa Physician/A | | d | | | | | | | | | i | | |
| the shed | Part II. Other significant conditions | contributing to de | eath but not ras | uiting In tha und | derlying ceu | ısa give | an in Part I. | | 23b. Did tol | bacco use co | ntribute to | the cause of c | Jeath? |
| igned by be detact | | | | | | | | | 1 □ Ye | s 2□ No | 3 Prot | ably 👯 Un | known |
| should should | | | | | | | | | 24e. Was ar perform | n autopsy nad? | con | ra autopsy find bilebla prior to inpletion of ceus daeth? | |
| i certificate has t lirector, page 2 s | | | | | | | | | 1 ☐ Ya | s 2X No | 1 | Yas 2XNo |) |
| director, | 25. Was cesa referred to madical axeminar? | | | | | | 26. Place of | Daeth (0 | Check only one | a) | | | |
| dire dire | 1 Yas 2 No | Hospital: 1 1 II | npatiant 2 | ER/Outpetient | 3□ DOA | Otha | ar: 4 🗆 Nursi | ng Homa | 5 🗆 Rasida | nce 8 DOth | ar (Specify | ') | |
| : After the funera | 27. Mennar of Death 1 X Naturai 5 □ Panding 2 □ Accidant Investigeti | | of Injury h, Day Year) | 28b. Tima of Injury | M 286 | injury Work | /at ⟨? Yas 2 □ No | | d. Dascribe ho | w injury occur | red | | |
| Is after death. al Director: After to the funerated in by the funerated in the funerated i | 3 ☐ Suicida 6 ☐ Could not 4 ☐ Homicida datarmine | 28a. Place | of Injury - At hong, atc. (Specif | oma, farm, stra | at, factory, | office | | 28f | Location (Str City or Town | | er or Rura | l Routa Number | r, |
| 24 hour Funer etely fill dical | 29a. Certifiar 1 Certifying F (Check only one) 2 Medical Exa | hysician: To tha miner: On tha ba and mann | isis of axamina | wledge, death of tion and/or inve | occurred et estigation, In | the tim | na, deta and p pinlon, daath | place, and | dua to the ca at tha tima, da | use(s) and me ata and place, | enner es st and dua to | ated. the cause(s) | |
| To the | | | | | | | number | | | d. Data signe | | - | - |

State Registrar

31. Data filed (Wonth, Day, Year)

30. Name and address of parson who complated cause of death (Itam 23a) (Type, Print) FRANCIS KHOO, M.D., 7620 YORK ROAD, TOWSON, MARYLAND 32 Registrar's Signatura
Julia Davidson-Randalla

D 30263

5-30-97



Please Type or Print in Bla Indelibie Ink. Assure All Copies Are L
State of Maryland / Department of Health and Mental Hygiene

| Under Residence of Decoder 1 Service of Decoder 1 100. State and Numb | | | | | | | Cer | tificate of | Death | | Re | g. No. | | |
|--|--|----------|--|--------------------|------------------------------------|-------------------------------|--------------------------|--|------------------------------|------------------------------------|------------------------------|----------------------------------|---------------------------|---------------------------------------|
| The following of the control of the | | | WAYNE | | | | 00 | RER | | N | Ay. | 26,1 | 997 | 3. Tima of Dea 5-45 |
| S. Social Sourchy Number S. Social Sourchy Number Security Num | Examir | ner | de. Facility Nama (If not institution | n, giva stree | and number) | CEN | ITE | P | | | | 4c. County | of Deeth | |
| The State of the property of the state of the state of | Funeral Director | | 5. Sociel Security Number | 6. Say | 7. Ag | | birthday) | If Under 1 Year | If Undar | | eta of Birth | Year) | 9. Birthp Coun | lace (State or For |
| The provided process of the process | D > | | | | | 100 City T | | | | | | | 14 | |
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| The New Merical Country Expectation of the Specific Country of the | 0.0 | Dire | | | | | | | | | 11 | | What Coun | try? |
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| Securior Part Control Contro | or its | þ | Naver Merried 2 ☐ Mar | ried 1 | rmed Forcas? ☐ Yes ※ Yas, Give | , | | | | gin? (Specify 1 1, Puarto Rican | es or No- , atc.) | Blac | ck, Whita, | atc. |
| 15. Mother's Names (First, Middles, Middles) 16. Mother's Names (First, Middles, Middles) 16. Mother's Names (First, Middles) 16. Mother's | dical | eted | 15. Decedar | it's Education | n nolated) | 1 | 6a. Deced | ant's Usual Occu | pation during most | t of working | | 16b. Kind of B | usinass/inc | lustry |
| 19. Mother's Names (First, Middle, Mahldon Summans) 19. Mother's Names (First, Middle, Mahldon Summans) 19. Mailing Address (Sireet and Number or Rural Route Number, City or Town, Stein, Zp Code) 21 22 23 24 24 25 25 25 25 25 25 | | uple | Elementery/Secondary (0-12) | C | Collega (1-4or | 5+) | | | | t or working | | | | |
| Frederick D. Cooper 196. Maining Address (Sister and Number or Parall Route Number or Parall Route Number or Parall Route Number or Parall Route Number or Parall Route Number or Parall Route Number or Parall Route Number or Parall Route Number or Paral Route Nu | Hygier ther th | | | | A | | Dı | etitia | | | | | | |
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| ### State | rtmer | 14 | | - 1 |) | Mt. | | | | 1 | | | | |
| ### State | mpo mpo my Ir | | 21, Signature of Funeral Service | Licensee | / | 1 | | | | | | | | |
| shock or heart failure. List only one ceuse on each line. Interval Between Consequence of Standard Co | | | neconso | CKU | an | | W | M.C. M | arcn | FH II | JI E. | . Nort | n Av | enue |
| Pert II. Other significant conditions contributing to death but not resulting in the undarlying causa givan in Part I. 23b. Did tobacco use contribute to the cause of death of the cause of death | D G | /Medical | Sequentially list conditions, if any, laading to Immadiata cause. Enter Undarlying Causa (Disaase or Injury that inhitated evants resulting in death) Last | c | | | | | | | | | | |
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| 25. Was casa retarred to medical axaminar? 1 | shoul | | | | | | -1 | | | 2 | 4a. Was a | n autopsy ned? | ava | allabla prior to appletion of caus |
| 25. Was casa retarred to medical axaminar? 1 | F 2 | Eo | | | | | | | | | 1 □ Ya | s 2 No | 10 | Yas 20 No |
| 27. Manner of Death 1 Property 1 | tifica for, p | | | 1 | | | | | 26. Place | of Deeth (Che | | The second | | 7.2 |
| 27. Manner of Death 1 | this certific ral director, | | | Hospit | tal: | ent 2 ER | /Outpatien! | 3□ DOA O | hor | _ | | | ar (Specifi | () |
| 30. Name and addrass of person who completed causa of death (Itam 23a) (Type, Print) A. C. VA ZEMI MD. CHUNCH HOSPITAL BALTI MD. 20 State 31. Deta filed (Month, Day, Year) 32. Régistrar's Signatura | r death. Deter: After thi by the funeral | | 1 ☑Naturat 5 ☐ Pandi | ig . | Ba. Data of Inju | ry 28 | b. Tima ot | 28c. Inju | ury at ork? | 28d. E | | | | , |
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| 30. Name and addrass of person who completed causa of death (Itam 23a) (Type, Print) A. C. VA ZEMI MD. CHUNCH HOSPITAL BALD MD, 202 State 31. Deta filed (Month, Day, Year) 32. Régistrar's Signatura | To th | X | 29b. Signatura and titla of cartifie | r | | | | 29c. Licen | se number | | 25 | 9d. Dete signe | d (Month, i | Dey, Year) |
| State 31. Deta filed (Month, Day, Year) 32. Hegisfrar's Signatura | | | an a | ans, | 1 | n | 0 | 017 | 732 | 2 | 1 | W. | 26 | 190. |
| State 31. Deta filed (Month, Day, Year) 32. Hegisfrar's Signatura | | | 30. Name and address of person | who cample | ted cause of d | eath (Itam 23 | a) (Type F | Print) | , _ | | | 51/10 | | 17/ |
| State 31. Deta filed (Month, Day, Year) 32. Hegistrar's Signatura | | i | A P. N | 105 | 44 / | MO | () | FURIH | Hos | ROTA | , , | 3417 | 2 | 1020 |
| State | CAO | • | 31. Deta filed (Month. Day, Year | 16 | 32. Registr | ar's Signature | - 0 | VICCAT | 0/0) | 1.119 | L /. | ACI | (| 7,6/2 |
| | | | JUN 0 2 199 | 1 | Julia Day | ridson-R | mdell. | | | | | | | |

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State of Maryland / Department of Health and Mental Hygiene

| a/ | Department | or Health and | mental | Hyg |
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| RY | JONAT | 'HA | N COLEMAN | | nar y lari | | | of Deati | | nemai ny | Reg. No. |) / | 16672 |
|---------------------|---|--------------------|---|---|--|---|------------------------------|--|------------|---|---------------------|--------------------------|---|
| | Physic /Medi | | 1. Decedant's Nama (First, Middla, L Gary Johna | than Co | | n, Sr. | | | | | 27, 19 | | 3. Tima of Death $10:32PM$ |
| i | Exami | ner | 4e. Facility Nama (If not institution, g | | | ıc | | | | ocation of Deeth | 4c. County | | |
| | Funeral Director | | FAYETTE AND M. 5. Social Security Number 212–58–2440 | | | last birthday) Yrs. | if Under 1 | | r 24 Hrs. | MORE 8. Date of Birt (Month, Day 07-1. | 7. Yaar) 1 – 5 2 | 9. Birthp Coun | lace (State or Foreign try) Md. |
| | pue » | | Usuel Residence of Dacedant 10a. Stata 10b. County | | 10c City | y, Town or Loc | ation | | | | | | 0d. Inside City Limits |
| | the Marylan 28a-f show notified at | tor | Md Na | | | ltimor | | | | | | | 1 2 Yes 2 No |
| | | Funeral Director | 10e. Street and Number | | | | 10f. Zip C | | | | 10g. Citizan of V | | try? |
| | sath with | eral | 3620 Elkader | | A Francis III | 0 100 | | 218 | -1-1-0 (0- | | US. | | an to die |
| 020 | or he | by | 11. Marital Status 1 □ Never Married 2 ☐ Married 3 □ Widowed 4 □ Divorced | 12. Was Decaden Armad Forcas 1 ☐ Yas 2 ☒ If Yas, Giva Year or Datas | ?] No | | Yas Decedar Yas, specify | | | acify Yas or No- Rican, atc.) | Specify | e - Amaric ck, Whita, | |
| 2-0 | 72 mat | eted | 15. Decedant's (Specify only highast g | Education rada completed) | | 16a. Deceda | ant's Usual (| Occupation dona during mo ratired) | st of work | ing | 16b. Kind of Bu | usinass/Ind | lustry |
| Maryland 21215-0020 | | Completed | Elamantary/Secondary (0-12) 12th Grade | Coltaga (1-4or NA | 5+) | | | ratired) Chnici | | | C&P | Comp | any |
| pu | should be filed withind Mantal Hygiana. marked other than imatic event, ma. | Be C | 17. Fathar's Nema (First, Middla, Las | • | | | | | | a (First, Middla, | | | |
| yla | ould be Mantal Marked o | To | Henry | Hawk | ins | | | | | ta C. | | | |
| Mai | 0000 | | 19a. Informant's Name/Relationship Gary J. Col | (Type, Print) eman, Jr | | | | | | t Balt | | | |
| Baltimore, | age ant o y or | | 20e. Mathod of Disposition 1 Durial 2 Cramation 3 4 Donetion 5 Other (Special Control of Control | □Ramovei from Stat | 0 | Place of Disposematary, cremit | ition (Nama atory or othe | of ar place) | 1 | Data -02-97 | 20c. Location - | City or To | |
| Balti | permit. Pa Departmen Important: any Injury once. | | 21. Signature of Funarai Savice Lice | X X | 1 | - 10 | | Addrass of Fac | | Baltim | | | and 21202 enue |
| | Physician /Medical Examiner | | Part1. Enter the disease, or co shock, or heart failure. List onl Immediate Cause (Final disease or condition resulting in death) | a. Shut | jun | We ar as a consequ | nd | ho | . 1 | ad | (1001) | | Approximata Interval Batween Onset and Death |
| × | cartificate be executed nding physician end usa as the bunel-transit | n/Medical Examiner | Sequentially list conditions, if any, leading to immediata causa. Entar Underlying Causa (Disaasa or injury that initiated evants rasulting in death) Last | c | | r as a consequ | | - | | - | | | |
| - | as that tha daath cartificing by the attending be detached for usa as | Physiclan/M | Part II. Other algniftcant conditions | contributing to daath | but not rasu | uiting in the und | darlying cau | sa givan In Par | t I. | | obacco use co | | the ceuse of death? |
| ords, | been s | Completed by | | | | | | | | 24a. Was perfo | an autopsy med? | eve | ara autopsy findings pilable prior to mpiatlon of cause daath? |
| Re | The law rate has to page 2 s | ошо | | | | | | | | 10年) | fas 2□No | | Yas 2□ No |
| | ician: The certificate rector, pag | Be | 25. Was casa rafarred to medical axaminar? | | | | | 1 | | th (Check only o | | - | IN AUTO |
| o | this raidi | ion: To | 1 X Yes 2 No 27. Mannar of Death 1 Natural 5 Panding | 28a. Data of in (Month, D | jury | ER/Outpatient 28b. Time of Injury | | Injury at Work? | | oma 5 Rasio 28d. Dascribe h | | | ON STREE |
| - | or Atten ifter deal Mrector: in by the | Certification: | 2 Accidant invastigati 3 Suicide 6 Could not 4 Homicida datarmina | be 3/2// | 1997 njury - At ho etc. (Specif) | 10:27 ome, farm, streety) ON ST | | | X140 | 28f. Location (S | LOCK N | ORTH | A Route Number, MILTON ORE, M.D. |
| | Hospital 24 hours a Funeral D letely filled | edical | | hyaiclan: To the bes | of axaminat | | | | | | | | |
| | To the Hospital within 24 hours a To the Funeral C completely filled | Med | 29b. Signature and title of certifier | and mannar s | / | | | icansa numba | | | 29d. Data signa | | |
| | | | 30. Nama and addrass of person who | complated cause of | daath (Itam | 1 23a) (Type, P | | .C.M. | Ŀ. | | MAY 2 | 0, 1 | 771 |

State Registrar

31. Deta filed (Month, Day, Yaar) JUN 0 2 1997

David

111 Penn Street, Baltimore, Maryland 21201

DHMH 16 Rev 6/95

766 F B 184

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2 Data of Daath 3 Time of Death Month **Physician** Crunkleton ichArd 1:15 P.M. may 31,1997 /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examine Gilchrist Hospice Center Towson Baltimore Hours Min. 8. Data of Birth (Month, Day, Year)

Dec. 12, 1925 If Undar 1 Yaar 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foraign Country) **Funeral** Days 1♥M 2□F Months 71 217-20-4928 Yrs. Director Maryland Usual Rasidanca of Dacedant 10b. County 10c. City. Town or Location 10d. Insida City Limits or 28s-f show other traumatic event, the Medical Examiner must be notified at Director 1 ☐ Yas 2 ☑ No Maryland Baltimore Rodgers Forge 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 6657 Walnut Wood Circle Itams 23a 21212 Funeral U.S.A. 12. Was Dacadant Evar in U,S. Armed Forcas? 1 ☑ Yas 2 ☐ No If Yas, Giva 13. Was Dacadant of Hispanic Orlgin? (Specify Yas or Notif Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14 Race - American Indian Black, Whita, atc. hours efter 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 'natural', or 1 Yas 2 No Spacify: by Specify: 3 Widowed 4 □ Divorced Yaar or Datas: WW II White Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry filed within 72 Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) permit. Pages 1 and 2 should be filed will Depertment of Health and Mentel Hygien Important: If tem 27 is marked other that any fulury or other traumatic event, the once. 4 years Proprietor Mattress Manufacturing 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be John Crunkleton 2 Mary Crozier Robinson 19a. tnformant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mary Patricia Beck 24 Beyda Court Baltimore, Maryland 21236 (Daughter) 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 🏋 Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Spacify) Green Mount Crematory 6-2-97 Baltimore, Maryland 21. Signatura of Funaral Sarvica Licansaa 22. Nama and Addrass of Facility
Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland berrane 21212 23a. Part1. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** /Medical pancrentic immediata Causa (Final months disaasa or condition rasulting in daath) Examiner Physician/Medical Examiner The law requires that the death certificate be executed ician end buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury Dua to (or as a consaquanca of): Box 68760. ettending physician for use es the bune that initiated avants rasulting in daath) Last Dua to (or as a consequence of) P.O. Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 Yes 2 No 3 Probably 4 Unknown Records. þ 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy performed? complation of causa of daath? 1 Yas 2 00No 1 ☐ Yas 2 ☐ No of Vital Be 25. Was casa rafarrad to medical 26. Placa of Daath (Check only ona) Hospital: 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) Ho Spice 10 1 Yas 2 No this 27. Mannar of Daath 28a. Data of Injury (Month, Day Yaar) 28c. tnjury at Work? 28b. Tima of 28d. Dascribe how injury occurred After Division or Attending 1 Natural 5 Panding invastigation s efter deeth. 1 ☐ Yas 2 ☐ No one the 2 Accident 6 Could not ba 3 ☐ Suicida I in by t 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homleida Hospital 24 hours 1 Cartifying Physictan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Cartifian within 24 ho To the Fune completely fi (Check only one) the th 29b. Signature and title of bertifie 29c. Licansa number 29d. Data signed (Month, Day, Year) plated causa of death (itam 23a) (Type, Print) 30. Nama and addrass of parson who 16 A. Riley, M.D 6701 Charles Street Baltimore, Maryland 21204 31. Data filed (Month, Day, Yaar)
JUN 0 2 1997 State

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State of Maryland / Department of Health and Mental Hygiene 0 7

| Physici | an | 1. Decedant's Name (First, Middla, Lt. | ast) | | 061 | incate | of Death | 2. Data of Month | Reg. No. Death Dey | 3. Time of D |)eath |
|--|----------------|---|---|--------------|--------------------------------------|--|--|---|--|---|---------|
| /Medic Examin | cal | 4e. Facility Nama (If not Institution, gir Joseph Richi | | pice | | | | n, or Location of Do | 10.000.00 | 17 109× y of Death n/a | pr |
| Funeral Director | | Social Security Number 6. | | _ | ast birthday) Yrs. | If Under 1 | | Hrs. 8. Deta of | Birth Day, Year) | 9. Birthplaca (Stata or I | Foreign |
| Maryland 4 show led at | tor | Usual Rasidenca of Decedant 10a. Stete 10b. County MD n/a | | 10c. City | , Town or Loc | cation timor | e | | | 10d. fnside City | |
| | al Director | 10e. Street and Number 301 McMech | en St. | | | 10f. Zip Co | 21217 | 7 | 10g. Citizen of | What Country? | |
| WH) | by Funeral | 11. Meritel Stetus 1 Nevar Marriad 2 Merried **E-Widowed 4 Divorced | 12. Wes Decedant Armed Forcas 1 Yas 2 H If Yas, Giva Yeer or Datas: | 2 | | | t of Hispanic Origin Cuban, Maxican, No Specify: | n? (Specify Yas or Puerto Rican, etc.) | No- 14. Rad Bla Specif | ce - American Indian, ick, Whita, atc. | |
| within 72 ho ene. than "naturi the Medical J | Completed | 15. Decedant'a E (Specify only highast gr Elemantary/Secondery (0-12) 1 1 th | ducation eda completad) Collaga (1-4or | 5+) | | lant's Usual C kind of work OO NOT usa 1e mal | Occupation done during most of ratired) | of working | | Domestic | |
| ld be filed ental Hygi ked other ic event, I | To Be Co | 17. Fethar's Nama (First, Middla, Last Murray | | tin | | | | s Nama (First, Mid Charlot | dia, Meidan Sumar te Trij | na) plet | |
| 2 shou and M is man | - | 19a. Informent's Neme/Raletionship | (Type, Print) | | 19b. Meilin | g Addrass (S | itreet and Number | or Rural Route Nu | mber, City or Town | , Stata, Zip Coda) | |
| ges 1 and t of Health If Rem 27 or other tr | | John Martin/ne 20a. Mathod of Disposition 1 Burial XXCrametion 3 D | | CO | 13 aca of Dispos ematary, crem | sition (Nema | ernice I | Ave. B | | MD 21229 - City or Town, Stata | |
| permit. Pa Department important: any injury sncs. | | 4 Donation 5 Other (Special Service Lice | | Ме | tro C | . Name and / | Addrass of Facility | 5/30 ton & S | | sville, MD eral Home |) |
| | | 23a. Partt. Enter the disaasa, or con | Indications that cause | d the death | | | | | lto., Mo | 3 21217 Approximata Interval Batwe | _ |
| Physician /Medical Examiner | Examiner | Immediata Causa (Finel disease or condition rasulting in daath) Sequentially list conditions, if any, lagating to Immediata | b. ————— | | as a consequence | | y A | rrest | | minut | La. |
| ertificate be executed ding physician and se es the buriel-transit | edical | Sequentially list conditions, if any, laading to immadiate causa. Entar Underlying Cause (Disaase or Injury that initiated events resulting in death) Last | c | Dua to (or | as e consequ | uenca of): | Mary | nx | | 5 m | 05 |
| death o | ician | Part il Other significant conditions | antification to double b | | bing in the | | | | Nd tabassa was sa | | daadh |
| requires thet the death center on signed by the attendin hould be detached for use | by Physician/N | Part fl. Other significant conditions of | | out not rasu | iting in tha un | idanying cau | sa givan in Part I. | | Yes 2 No | ontribute to the cause of 3 ☐ Probably 4 ☐ 0 | |
| > 10 | Completed | | | | | | | 24a. W | las an eutopsy erformed? | 24b. Wara autopsy fine evailable prior to completion of cau of death? | |
| E 8 8 | | OF Management and the state of | | | | | | | □Yas 2□No | 1 Yas 2 N | ю |
| Physician: this certific ral director, | To Be | 25. Was casa referred to medical axaminer? 1 ☐ Yas 2 ☑ No | Hospital: | ant 2∏E | ER/Outpatient | t 3D DOA | Othor | of Death (Check or | esidance 6 🗷 Ott | har (Specify) Hosh | 100 |
| 문 문 등 | | 27. Manne of Death 1 ☑ Netural 5 ☐ Panding 2 ☐ Accidant investigatio | 28a. Deta of fnju (Month, De | | 28b. Tima of Injury | | Injury at Work? | 26d. Descri | be how injury occur | | |
| To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune | Certification: | 3 Sulcide 6 Could not be detarmined | building, at | c. (Specify) |) | | | City or | Town, Stata) | ber or Rural Routa Numbe | ar, |
| 24 hos 24 hos Fune letely f | Medicai | 29a. Certifier (Check only one) 1 Certifying Properties 2 Medical Examples | nyafcfan: To tha best minar: On tha basis o and mannar st | f'axaminati | vladge, deeth on and/or Inv | occurred et l astigation, in | the time, dete and my opinion, daath | plece, end dua to to occurred at tha tin | he ceuse(s) end m na, data and place, | anner as steted. and dua to tha cause(s) | |
| Z S Z Q | X | 29b. Signature and title of certifier/ | 0 0 | | | 29c. L | icansa numbar | | 29d. Data signe | ed (Month, Day, Year) | |
| with Com | | > Kolees H | Sw | m | as | 1 | 0890 | 0 | 5-5 | 9-97 Md 2120 | |

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month Yaar 4b. City, Town, or Location of Deeth 31 1997 Edna M Fairchild 07:00PM 4a. Facility Neme (If not institution, giva streat and numbar) 4c. County of Deeth Citizens Nursing Home Harford 9. Birthplace (Stata or Foraign Country) NARY LAND If Undar 1 Year II Under 24 Hrs. 8. Data of Birth Months Days Hours Min. Month, Day, 1□M 20 F Days Yrs. 050 14 2091 June 23 Usual Rasidanca of Dacedant 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 28 No HARFORD JARYLAND STREET 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? KOAO 929 FEDSRAL Hill D.S.A 21124 12. Was Dacedent Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, atc. 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Detes: 1 Nevar Merried 2 ☐ Married 1 ☐ Yas 2 No Specify: ₩idowed 4 Divorcad WHITE 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) BOOK MAKER STYLSERAFT 3 YRS. 17. Father's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) HARLES BINDAL 19a. informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number of Rural Routa Number, City or Town, Stata, Zip Coda) 21154 ARRIE BissEl 439 FEDERAL HILL KOAO - MARYLAND STRUT 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20e. Method of Disposition 20c. Location - City or Town, Stata Data Burial 2 Cramation 3 Ramovel from Stata JUNE 3 HIGHVIEW [EMORIAL 4 ☐ Donation 5 ☐ Othar (Spacify) 1997 FALLSTON MARYLAND re of Funeral Sarvige 22. Name and Addrass of Facility HAPIL - BIL AIR, P.A. EVANS FUNERAL CHAPIL - BIL AIR, P.A. 3 NEW PORT ORIVE FOREST HILL, M 21. Sig - HILL MARYLAND 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause in each line. Approximata Intarval Batween Onsat and Death Immediata Causa (Final disaasa or condition rasulting In daath) Munde Due to (or as a consequence of): Sequantially list conditions, if eny, leeding to immediate causa. Entar Undarlying Causa (Diseasa or injury that initiated evants rasulting In death) Last Dua to (or as a consaquance of): Due to (or as a consaquence of): Part il. Other significant conditions contributing to death but not rasulting in the undarlying causa givan in Part 1. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably Unknown 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? 25. Was casa rafarred to medical axaminar? 26. Placa of Daath (Check only ona) Other: Nursing Home 5 Residence 6 Other (Specify) 2 No 1 Tas 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28b. Tima of 28d. Dascribe how Injury occurred 5 Panding invastigation Natural

physician and the burial-transit Division of Vital Records, P.O. Box 68760, 98 for use es been signed by the a should be detached certificate hes To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director;

Examiner Physician/Medical þ Completed Be 2 Certification:

Physician

/Medical

Examiner

Director

Com

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Funeral

Director

fe 23s or : must be n

Baltimore, Maryland 21215

Pages 1 and 2 should be filled vitneout of Health and Mental Hygie fant; if item 27 is marked other 1 jury or other traumatic event; it

Physician

/Medicai

Examiner

6 Could not be datarminad

28e. Pleca of Injury - At homa, farm, straat, factory, offica building, atc. (Specify)

28c. Injury at Work? 1 ☐ Yas 2 ☐ No

28f. Location (Straat and Number or Rural Route Number, City or Town, Stata)

| 29a. | Cartifiar (Check only one) |
|------|----------------------------------|
|------|----------------------------------|

Medical

2 Accidant

3 Suicida

4 Homicide

Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licansa number

29b. Signature and title of certification

plated causa of death (Itam 23a) (Type, Print)

29d. Data signing (Month, Day, Year)

State Registrar 31. Date filed (Mo ith, Day, Year) JUN 0 2 1997

30. Name and address of pr

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State of Maryland / Department of Health and Mental Hygiene 16676 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Deeth CARDNER **Physician** RUFUS Month P /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deet **Examiner** St. Agnes Hospital Baltimore n/a H Under 1 Yeer | H Under 24 Hrs. | 8. Date of Birth (Month, Dey.) | April 3, 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1뮻M 2□ F 80 Director 245-05-9269 Yrs 1917 North Carolina Usuel Residence of Decadent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Deleware Sussex Greenwood 1 ☐ Yes 2 ♥ No 288-71 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? b Rt. 2, Box 159 19950 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Marltal Stetus 1XXes 2 No If Yes, Give Yeer or Dete≱:944-45 1 Never Married 2 XXX arried Spec White 21215-0020 1 Yes 2 No Specify: 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Comple filled within al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 100 Supervison Federal gov't Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Pages 1 and 2 should be fill fill ment of Health and Mental H tant: If item 27 is marked off jury or other traumatic even Be Rufus Franklin Gardner Essie Hosley 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Ms. Bobbie Gibbon/daughter 925 E. Watersville, Road, Mt. Airy, MD 21771 20b. Placa of Disposition (Name of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State Dete 1 ☐ Buriel 2XX remetion 3 ☐ Removal from State 4 ☐ Ponation 5 ☐ Other (Specify) Baltimore Washington Crematory 29MAy97 Laurel, Maryland 21. Signature of Fu plat Service Licanse 22. Neme end Address of Fecility Slack Funeral Home, P.A. M00535 Ellicott City, maryland 21043
Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. un **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting In death) STROKE Wee L **Examiner** Due to (or es e consequence of): Examiner BRADY MRRHYThmia buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequenca of) P.O. Box 68760. Physician/Medical the Due to (or es e consequence of) signed by the at 1 ba dateched fo Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ Completed 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? pege 2 1 ☐ Yes 2 No certificeta Hospital or Attending Physician: 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 Neturel 5 Pending s after death. 1 ☐ Yes 2 □ No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) filled in by 4 - Homicide To the Hospital c within 24 hours of To the Funeral D complately filled 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner es steted.
2 Medical Exeminer: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, dete end placa, end due to the cause(s) end menner steted. Medical 29a. Certifier 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) ${\mathcal O}_{m j}$ 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) LAN KONDE ACMES HOSPITAL,

State Registrar

31. Dete filed (Month, Day, Year) JUN 0 2 1997

1 UTO MBO

Registrar's Signeture la Davidson

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month Physician IONEL /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deetl **Examiner** Hospital BALTIMORE MERCI NA If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Dey, Year) If Under 1 Year Months Deys 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 218 44 047 Yrs. Director 31,1946 Maky (AND Usuel Residence of Decedent 10d. Inside City Limits 10a. Stete 10b. County 10c. City, Town or Location rms 23a or 28a-f show r must be notified at 1 Nes 2 No Director BALTIMUIC Mory And 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2311 W. LEXIRGTON SHEEF 21223 U5A Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Race - American Indien, Bleck, White, etc. 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 1 ☐ Yes 2 1 1 100 If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried 8 1 Yes 2 € No Specify Specify: Black à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 5 -//EL Elementery/Secondery (0-12) Coilege (1-4or 5+) Baltimore, Maryland 21 12 th grade MANAGER TAUGRN Hope 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be 2 should be and Mental is marked Douglas 2 WILLIAM 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) permit. Pages 1 and 2 sh Department of Health and Important. If Item 27 is m any injury or other traum other. DELPHINE 1553 mattheustown KUAD MAMOUER 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State Dete Burial 2 Cremetion 3 Removel from Stete National Mem. Ak 5/ 31/ 4 ☐ Donetion 5 ☐ Other (Specify) 22. Neme end Address of Fecility CHATM BY 21. Signeture of Funerel Service Licensée Hon 5240 REISTERSTON - Mino Aure BAHINOIS Md 21211 23a. Pert1. Errer the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Fine) disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed physician end the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) attending signed by the at Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably Unknown 1 ☐ Yee 2 ☐ No 2 24b. Were autopsy findings available prior to completion of cause of death? should should Completed 24e. Wes en autopsy performed? has 1 Yes 28 No certificate 1 🗆 Yes To the Hospital or Attending Physician: 1 within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p Be 25. Wes cese referred to medical exeminer? 26. Piece of Deeth (Check only one) Certification: To 1 No 2 No 1 🗆 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpatient 3□ DOA 28e. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred Neturel 5 Pending Investigation 2 ☐ Accident 1 Yes 2 No 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide Medical 29a. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29b. Signeture end rtifie 29c. License number 29d. Dete signed (Month, Qay, Year) 30. Name end ss of person who completed cause of deeth (Item 23a) (Type, Print) 301 St. Paul Place Hospital Baltimore, Nol MA MErcy

State Registrar

31. Dete filed (Month, Dey, Year) JUN 0 2 1997

32. Registrer's Signeture

DHMH 16 Ray 6/95

Section 1995

TO BE COMPLETED BY FUNERAL DIRECTOR

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

| | | | | | | 0 - | 7 10070 |
|---|---|--|-------------------------|---|--|-----------------|---|
| | FOR STATE REGISTRAR | STATE OF MARYLAND |) / DEPARTM CERTIFIC | MENT OF HEALTH AND ATE OF DEATH | MENTAL HYGIENI REG. NO. | | 16678 |
| | 1. DECEDENT'S NAME (First, Middle, Last) AROLYT | 110 | (INS | | 2. DATE OF DEATH MONTH DAY | 4- 97 YE | 3. TIME OF DEATH |
| | 4. SOCIAL SECURITY NUMBER 215-64-8754 98. FACILITY NAME (If not institution, give in | 1 - M 2 XF 3 | 9 YRS. MO | UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN. | THE PERSON NAMED IN COLUMN 2 I | 1957 1 | Maryland Maryland |
| | VILLA ST. MI | ichaels | 96 | Baltimose | EATH | 9c. COUNTY | OF DEATH |
| | 10e. STATE 10b. COUNT | Baltimore | 10c. CITY, TO | OWN OR LOCATION | | | 10d. INSIDE CITY LIMITS? 1 YES 2 NO |
| | 01- 1 | 12. WAS DECEDENT EVER IN U.S. | ARMEO | 10f. ZIP CODE 2/2 C 13. WAS DECENDENT OF HISPA | | US | OF WHAT COUNTRY? |
| | 1 Never Married 2 Married 3 Widowed 4 Divorced | | NO | If yes, specify Cuben, Maxico 1 YES 2 NO Specifi | an, Puerto Rican, etc.) | | Black, White, atc. Specify: Black |
| | 15. DECEDENT'S EDU (Specify only highest grade | | life. Do NOT use re | done during most of working | 16b. KIND OF BUS | INESS/INDUSTR | 77 · |
| | 17. FATHER'S NAME (FIRST, MIGGIO, LOST) PERRU HOWK | ins Sr. | 320116 | | AME (First, Middle, Maiden S | BUR! | well |
| | 19a. INFORMANT NAME (Type/Print) Wille Mae | Hawkins (mother | 196. MAILING AD | DRESS (Street and Number or Rural Judy Lane | Pikesville | State, Zip Code | land 21208 |
| | 20e METHOD OF DISPOSITION 1 | noval Irom State | crematory or other | | 16-491 Ban | ation - city | r Town, State |
| | Dough | IBS | h | Joseph H. B 2140 N. Fult | Rown Jr. 1 | Baltin | al Home, Ph |
| | 23. PART I. Enter the district, or mock, or hairt failure. IMMEDIATE CAUSE (Final disease or condition | List only one cause on each | fine. | | | | Approximata interval Batweel Onset and Daat |
| - | reaulting in death) | DUE TO (OR AS A CON | SEQUENCE OF): | MUNODEFIC | IBNY S | INBRI | ome |
| | Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury | DUE TO (OR AS A CON | | | | | |
| | that initiated events resulting in death) LAST | DUE TO (OR AS A CON | SEQUENCE OF): | | | | |
| | PART II. Other algnificant condition | na contributing to death but no | ot resulting in t | ha undarlying cause given in | Part i. 24s. WAS AN A PERFORM | | 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| | DID TOBACCO USE CONT | | | | Y C | | 1 WES 2 DAO |
| | 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH | HOSPITAL: 1 Inpatient 2 ER/Outpatient | 3 DOA 48 | THEAT: Nursing Home 5 - Residence | | | |
| | Netural 5 Pending Investigation | 28s. OATE OF INJURY (Month, Day, Year) 26s. PLACE OF INJURY — AI | 28b. TIME OF | M 1 YES 2 NO | 281 LOCATION (Street or | | |
| | 6 Could not be | building, atc. (Specify) | | .,y, office | 28I. LOCATION (Street at City or Town, State) | io number or Ru | TEL PIOUTS NUMBER, |

29a. CERTIFIER (Check only one)

red at the time, data and placa, and dua to the cause(s) and manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER

D 28591 29d. DATE SIGNED (Month, Day, Year)

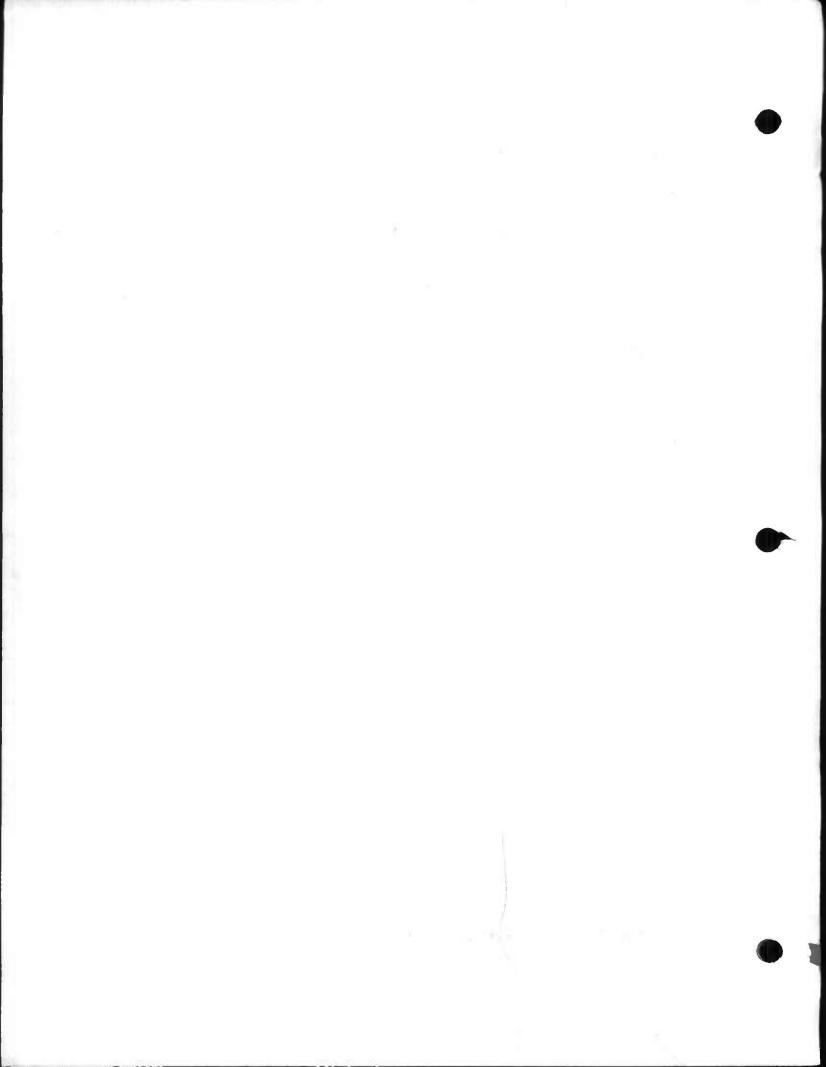
DEATH (ITEM 27) (Type, Party)

PARK TASNEEM

JUN 0 2 1997

30

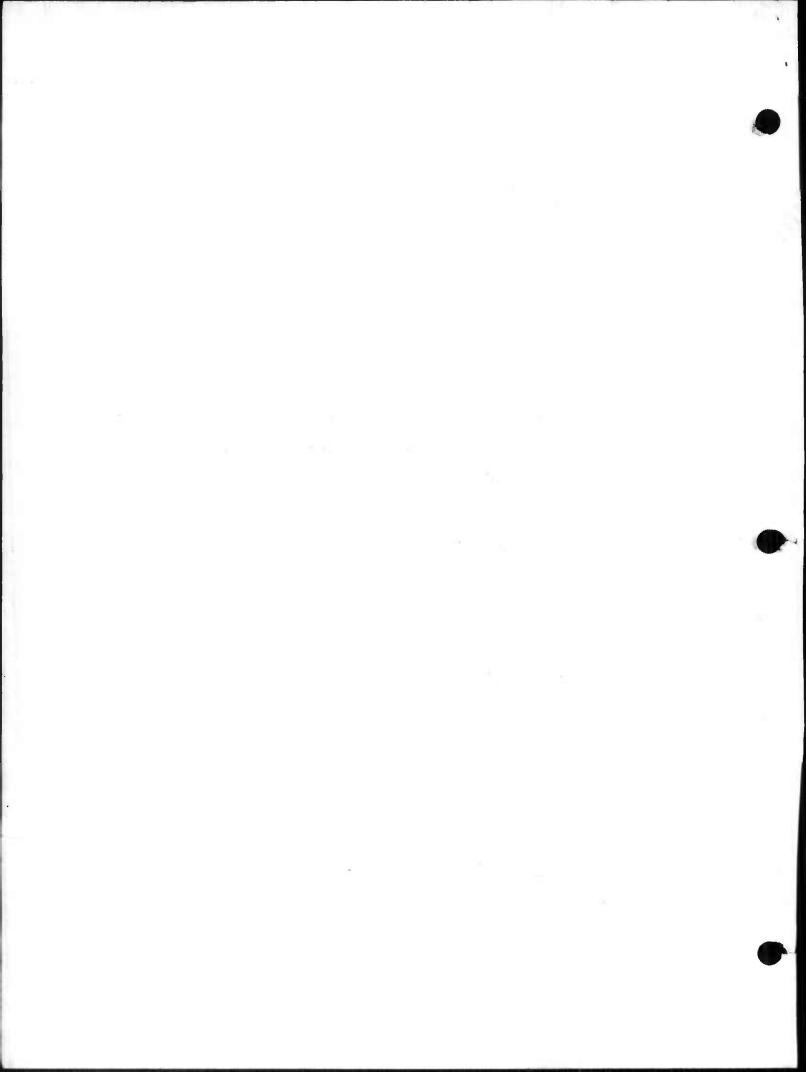
9



| | FOR STATE REGISTRAR | | STATE OF I | | / DEPAI | | | | | MENT | AL HYGIEN | | 7 / | 100/9 |
|-------------------------------------|--|--|---|--|--|--|--|---|---|--|----------------------------|--|---|--|
| TO BE COMPLETED BY FUNERAL DIRECTOR | 1. DECEDENT'S NAME (First | NTER | | | | | | | 2. DATE OF OEATH DAY | | | YEAR 97 | 3. TIME OF DEATH 3. TIME OF DEATH M | |
| | 4. SOCIAL SECURITY NUMBER 212-01-8748 | | 5. SEX 6. AGE (In yrs. las | | lest birthday) 7 YRS. | O MONTHE DAVI | | # UNDE | F UNDER 24 HRS. 7. D/ HOURS MIN. (A | | Marte OF BIRTH | | e. BIRTHPLACE (State or Foreign Country) Maryland | |
| | LOCH RAVEN | reet and number) - R-GENESIS ELDERCA | | CARE | 96. CITY, TOWN OR LOCATION OF DE TOWSON | | | 7 | | | UNITY OF DEATH DALTI MORE | | | |
| | RESIDENCE OF DEC | Υ | 10c. | | CITY, TOWN OR LOCATION | | | | | | | 10d. INSIDE CITY | | |
| | Maryland | Carrol1 | Carroll | | Westminster | | | | | | | LIMITS? | | |
| | 100. STREET AND NUMBER 102 Timber Ridge Drive A | | | nt 109 | | 101. ZIP CODE | | | | | | TIZEN OF WHAT COUNTRY? | | |
| | 11. MARITAL STATUS | | | | IMED 13. WAS DE | | 21157 ECENDENT OF NISPANIC ORIGI | | | | | United States 14. RACE — American Indian. | | |
| | 1 Never Married 2 Married 3 Wildowed 4 Divorced | | 12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 1 IF YES, GIVE WAR OR DATES | | ∑ NO | | | is 2 ANO Specify: | | | rto Rican, etc.) | | Bleck, White, etc. Specify: White | |
| | 15. DEC (Specify onl) Elementary/Secondary (0 | completed) | ompleted) (G | | ECEDENT'S USUAL OCCUPA Give kind of work done during i e. Do NOT use retired.) | | FION most of working | | | 16b. KIND OF BUSINESS/INDU | | USTRY | | |
| | 12 | | | Seamstress | | SS | | | | Clothing Ma | | anufacturer | | |
| | 17. FATHER'S NAME (First, Middle, Last) Irvin L. Hunter | | | | | | | | (| Grac | Middle, Meiden e Hull | | | |
| | | | | | | MAILING ADDRESS (Street and Number or Aural Route Number, City or Town, State, Zip Code) 29 Thetford Rd., Baltimore, Md 21286 | | | | | | | | |
| | 20s. METHOD OF OISPOSITION 14 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) | | | | EAND DATE | ND DATE OF DISPOSITION (Name of an all and a second | | | | | | | | |
| | 21. SIGNATURE OF FUNERAL SERVICE LICENSEE | | | | | 22. N | S/L T | ND ADDRE | SS OF FAM | che | r Funer Westr | ral H | lome | Md 21157 |
| | 1 2 00-00 | - / / / | MANY | 100 | | | | | | | | | | |
| | Lo. PAITI I. Citter the di | seases, or o | complications tha | it caused tha | deeth. Do | | | | | | | | | |
| | shock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) | eert failure. | complications that List only one cau | cher | ma. | not enter | the mo | de of dy | ing, aucl | n sa ca | | ratory arr | reat, | Approximate interval Between Onset and Death |
| N | IMMEDIATE CAUSE (Findisease or condition resulting in death) | eel | e. Is | it caused that use on each life (OR AS A CONSTITUTE OF AS A CONSTITUTE | ma. | not enter | the mo | de of dy | ing, aucl | n sa ca | rdlac or reapi | ratory arr | reat, | Approximata intarvai Between |
| ATION | IMMEDIATE CAUSE (Findisease or condition | icons, diate | e. Due to | cher | SEOUENCE C | not enter (| the mo | de of dy | ing, aucl | n sa ca | rdlac or reapi | ratory arr | reat, | Approximata intarvai Between |
| RTIFICATION | IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentially list condition if any, leading to immediately in the condition in t | ions, diate | e. Due to | Chel (OR AS A CONS | SEQUENCE O | F): | the mo | de of dy | ing, aucl | n sa ca | rdlac or reapi | ratory arr | reat, | Approximata intarvai Between |
| CERTIFICATION | SHOCK, Or not immediately list condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLY! CAUSE (Disease or injust that initiated evental resulting in death) LAS | ions, diate | e. DUE TO b. DUE TO d. DUE TO | (OR AS A CONS | SEQUENCE O | F): | the mo | Our Dur | ing, auch | 21 | rdlac or reapi | ratory arr | reat, | Approximata intarvai Between |
| - 1 | SHOCK, Or not immediately in death) Sequentially list condition resulting in death) Sequentially list condition in any, leading to immediately in the initiated events | ions, diate | e. DUE TO b. DUE TO d. DUE TO | (OR AS A CONS | SEQUENCE O | F): | the mo | Our Dur | ing, auch | 21 | rdiac or reapi | AUTOPSY MED? | reat, | Approximata intarvai Between |
| - 1 | Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting to immercause. Enter UNDERLY! CAUSE (Disease or injust the initiated eventar resulting in death) LAS | ions, diate NG ry | e. DUE TO b. DUE TO c. DUE TO d | (OR AS A CONS (OR AS A CONS (OR AS A CONS desth but no | SEQUENCE O | not enter if | the mo | Our | ing, aucl | Part I. | 24a. WAS AN PERFOR | AUTOPSY MED? | reat, | Approximate Interval Between Onset and Death were autopsy findings AWAILABLE PRIOR TO COMPLETION OF CAUSE |
| - 1 | SHOCK, OF INTERPRETARIES (Find IMMEDIATE CAUSE (Find Immediate Imm | ions, diate NG ry T | e. DUE TO b. DUE TO c. DUE TO d. RIBUTE TO CA | (OR AS A CONS (OR AS A CONS (OR AS A CONS death but no | SEQUENCE O | F): F): In the unc | derlying | Our | ing, auch | Part I. | 24a. WAS AN PERFOR | AUTOPSY MED? | reat, | Approximate interval Between Onset and Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| - 1 | SHOCK, OF INTERPRETARIES OF THE SHOCK, OF INTERPRETARIES OF SHOCK, OF INTERPRETARIES | ions, diate NG ry T | e. DUE TO b. DUE TO c. DUE TO d. RIBUTE TO CA HOSPITAL: 1 Inpetient 2 | (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS | SEQUENCE OF THE SECULAR SECU | F): F): TH (Check or OTHER 4 Mursi | IO | g ceuse | given in | Part I. | 24a. WAS AN PERFOR | AUTOPSY MED? | reat, | Approximate interval Between Onset and Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| PHYSICIAN: MEDICAL | SHOCK, OF NO IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting to immercause. Enter UNDERLY! CAUSE (Disease or injust the initiated eventa resulting in death) LAS PART II. Other signification of the condition of t | ions, diate NG ry T SE CONTI | e. DUE TO b. DUE TO c. DUE TO d. RIBUTE TO CA | (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but no | EATH YI ACE OF DEA | F): F): TH (Check or OTHER 4 Mursi | NO In Normal Nor | Couse of UNC | given in | Part I. | 24a. WAS AN PERFOR | AUTOPSY MED? | 24b. | Approximate interval Between Onset and Death WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? |
| D BY PHYSICIAN: MEDICAL | SHOCK, OF NOT IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting to immercause. Enter UNDERLY! CAUSE (Disease or injust that initiated eventare resulting in death) LAS PART II. Other signification of the conditio | ions, diate NG ry T SE CONTI | e. DUE TO b. DUE TO c. DUE TO d | (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS death but no | SEQUENCE OF SEQUENCE OF THE PROPERTY OF THE PR | F): F): In the uncountry of the uncoun | NO In Normal Nor | Couse of UNC 5 GRATING 1000 | given in | Part I. 1 28d. Oth 28f. LO 28f. LO | 24a. WAS AN PERFOR | AUTOPSY MED? | 24b. | Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons |
| D BY PHYSICIAN: MEDICAL | SHOCK, OF NO IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injusted evental resulting in death) LAS PART II. Other significe DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 1 Natural 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only) | ions, diate NG ry To SE CONTI D MEDICAL Pending investigation Could not be determined | e. DUE TO b. DUE TO c. DUE TO d | (OR AS A CONS (OR AS A CONS (OR AS A CONS death but no USE OF DE 28. PL EN/Outparlent ENJURY ay, 'bear' This indicates the consense of the c | SEQUENCE OF SEQUENCE OF TENUITY OF THE SECUENCE OF THE SECUENC | F): F): In the unc OTHER 4 Nursi E OF JURY M street, factored at the line | IO Inly one) :: ing Norm 1 Inly ore, office one, date | UNC o 5 Re uny AT RK? end place | given in | Part I. Sed. Other 28d. Of the cut to the c | 24a. WAS AN PERFOR 1 YES 2 | AUTOPSY MED? NO NJURY OCCURN Number | 24b. CURED or Rural F | Approximate interval Between Onset and Death WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES: 2 NO |
| COMPLETED BY PHYSICIAN: MEDICAL | SHOCK, OF NO IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injusted evental resulting in death) LAS PART II. Other significe DID TOBACCO U 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 1 Natural 2 Accident 3 Suicide 6 4 Homicide 29a. CERTIFIER (Check only) | ions, diate NG ry T SE CONTI D MEDICAL Pending Investigation Could not be determined IFYING PHYSICAL EXAMINE | e. DUE TO b. DUE TO c. DUE TO d. DUE TO C. DUE TO d. DUE TO C. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO C. DUE TO C. DUE TO DUE TO DUE TO DUE TO C. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO TO TO DUE TO TO DUE TO TO DUE TO TO TO DUE TO TO TO DUE TO TO TO DUE TO TO TO TO DUE TO TO TO TO TO TO TO TO TO TO TO TO TO T | (OR AS A CONS (OR AS A CONS (OR AS A CONS death but no USE OF DE 28. PL EN/Outparlent ENJURY ay, 'bear' This indicates the consense of the c | SEQUENCE OF SEQUENCE OF TENUITY OF THE SECUENCE OF THE SECUENC | F): F): In the unc OTHER 4 Nursi E OF JURY M street, factored at the line | IO Inly one) :: ing Norm 1 Inly ore, office one, date | UNC The state of the state of | given in | Part I. V 281. LO Cin to the cid to th | 24a. WAS AN PERFOR 1 YES 2 | AUTOPSY MED? NO NJURY Occurred Number | 24b. CURED or Bural F | Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Ons |
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32. REGISTRAR'S SIGNATURE

2 4



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month 3. Time of Death HAU MARIE M4 4b. City, Town, or Location of Death 4a. Facility Neme (If not institution, give street and number) 4c. County of Death BALTIMORE HOSPITAL DINAL MEYLAND If Under 24 Hrs. 7. Age (In yrs. last birthday) If Under 1 Year 9. Birthplace (State or Foreign Country) 5. Social Security Number Hours 18-922 1 □ M 2 X F Yrs New Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 212 2216 11. Maritel Status Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Yes 2 No if Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Specify: White 1 ☐ Yes 2 No Specify: 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Otterbeins Bakery Elementary/Secondary (0-12) College (1-4or 5+) 12VRS 17. Fether's Name (First, Middle, Last) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Neme/Relationship (Type, Print) Galtemore 2216 Md daughter 20b. Place of Disposition (Name of cemetery, cremetory or other place) May 28 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 □ Donation 5 □ Other (Specify) GUNDOWSER Baptist Cemetery 1997 Freeland, Maryland 21. Signature of Funeral Service Licensee chapel of Memories Evans 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List *only* one cause on each line. Baltimore Md 21234 PNEUMONIA immediete Cause (Final disease or condition resulting in death) Pulmonary Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as e consequence of) Due to (or as e consequence of):

Physician /Medicai Examiner

certificate be exec

Division of Vital Records, P.O. Box 68760,

Saltimore, Maryland 21,

12 should be fi s and Mental b

Pages 1 and 2 s ment of Health an permit. Pages 1 and 2: Department of Health as Important: If them 27 is any injury or other tracents.

Physician

/Medical

Examiner

10a. State

Funeral

Director

Mems 23a or 28a-f show ner must be notified at

Director

Funeral

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Completed

To

attending physician and for use as the burial-transit Physician/Medical ed by the a signed by t Completed Be 2 uneral

by 25. Was cese referred to medicel examiner? 27. Manner of Death 1 Naturel

Examiner

Certification:

has

After this

To the Hospital or Attending I within 24 hours after death.

To the Funeral Director: After

State Registrar

Medicai

SEAN IRETIAK 31. Date filed (Month, Day, Year)

1 ☐ Yes 2 No

2 Accident

3 ☐ Suicide

29a. Certifier

4 Homicide

(Check only one)

29b, Signature and title of certifier

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 24a. Was an autopsy performed?

24b. Were autopsy findings eveilable prior to completion of cause of death?

3 Probably Winknown

2 NO

1 ☐ Yes 2 No

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

2 ER/Outpatient 3 DOA 28c. injury at Work? 28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No 28f. Location (Street end Number or Rural Route Number, City or Town, State)

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. MEDICAL INTERN 29c. License number 29d. Date signed (Month, Day, Year)

U2321-ST-9027

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

HOSPITAL 32. Registrar's Signature

Julia Davidson-Randelle

Hospital:

5 Pending investigation

6 Could not be

1 Inpatient

DHMH 16 Rev 6/95

HW

lester PDI contra

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death MAY NORMAN HENRY HERSHEY, JR. 104 2 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth UNION MEMORIAL HOSPITAL BALTIMORE CITY N/A If Under 1 Year Months Days 5. Sociel Security Number If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 4/28/34 7. Age (In yrs. last birthday) 9. Birthplace (Stete or Foreign 10 M 2 □ F Yrs. 213-30-5068 63 MARYLAND Usual Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 □ No MARYLAND N/A BALTIMORE CITY 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 823 WEST 38th STREET 21211 USA 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgln? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married > Married 1X Yes 2 □ No It Yes, Give Year or Dates: KOREA 1 ☐ Yes 2X No Specify Specify 3 ☐ Widowed 4 ☐ Divorced WHITE 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind ot Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th GRADE BARTENDER TAVERN 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) NORMAN H. HERSHEY, SR. MILDRED EVELYN 19a. Intormant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) BALTIMORE, MD RAE M. HERSHEY WIFE 823 WEST 38th STREET 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burlal 2x Cremation 3 ☐ Removei from State 4 ☐ Donation 5 ☐ Other (Specify) 5/28/97 CATONSVILLE, MD METRO CREMATORY, INC. 21. Signeture of Funeral Service Licenses 22. Name and Address of Facility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. TOWSON, MD 21286, or complications thet caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, or heart tailura. List only one cause on each line. Approximate Interval Batween Onsat and Death tmmediate Cause (Final Kespira tori disease or condition resulting in death) Due to (or as a consequence of): Preumonia Sequentially list conditions, if any, laading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Obstructive Pulmonary Disease Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part t. 23b. Did tobacco use contribute to the causs of death? 1 TYSS 2 No 3 Probably 4 Unknown Depression 24b. Were autopsy findings avaitable prior to completion of ceuse of death? 24a. Was an autopsy 1 ☐ Yes 2 No 1 ☐ Yes 2 No 25. Was cesa reterred to medical examiner? 26. Plece of Death (Check only one) Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death

pue Physician/Medicai

Completed by

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Certification:

Medical

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To the Hospital or within 24 hours eft To the Funeral Di completely filled in

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director,

Physician

/Medical

Examiner

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Funeral

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28a-fa

8 6 238

2121

Baltimore, Maryland

Hershey,

Peges 1 and 2 should be nent of Health and Merial int: if item 27 is marked of

ond &

Department important: If any injury or

Physician /Medical

Examiner

5 Panding

6 Could not be detarmined

28a. Data of Injury (Month, Day Year) investigation

28b. Time of

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 TYes 2 TNo 28d. Describe how Injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier (Check only one)

1 Naturai

3 Suicide

2 Accident

4 Homlcide

1 detifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated.

29b. Signature and title of

AT2438946

29d. Date signed (Month, Day, Yeer)

30. Name and address of person who complated cause of death (Item 23a) (Type, Print) BALTIMORE MD 21218

UNION MEMORIAL 31. Date filed (Month, Day, Year)

JUN 02 1997

State Registrar

34

HOSPIDAL 32. Registrar's Signatura Julia Sandron

HV

12 mg mar 11 mg 12

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** JONES BRITNEY MAY 29, 1997 0652AM /Medical 4a. Facility Neme (If not institution, give street end number)
NORTHWEST HOSPITAL 4b. City, Town, or Location of Death 4c. County of Deeth Examiner RANDALLSTOWN BALTIMORE Months Days Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) Birthplaca (Stata or Foreign Country) **Funeral** 1□ M 2 5 F NA Usual Rasidanca of Dacedant Yrs. Director March 16,1997 Maryland 10a. Stata 10b. County 10d. Insida City Limits 1 Yas 2 No Randallstown 10e. Straat and Number 10g. Citizan of What Country? 12. Was Dacedant Evar in U.S. Armed Forcas? 21244 11. Marital Stetus 13. Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Bleck, Whita, atc. 1 Navar Marriad 2 Merried 1 ☐ Yes 2 No If Yas, Give 1 ☐ Yas 2 No Specify: Black þ 3 ☐ Widowad 4 ☐ Divorced aar or Datas Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nema (First, Middla, Maidan Sumama) Shanterri Villiam Jones 2 19a. Informant's Name/Ralationship (Type, Print) permit. Pages 1 and 2 sh Department of Health and Important If Nem 27 is ma any Injury or con-Road, Battimore, Marylander 229 20c. Location-City or Town, Steta Harkness 20a. Method of Disposition 20b. Placa of Disposition (Nema of camatery, crematory or other pleca) 1 Burial 2 Cramation 3 Ramoval from State Park Centry 6-497 Butimore, Marylan 4 Donation 5 Othar (Specify) 22. Nama and Addrass of Facility
JOSEPH H. BROWN JR. FUNERAL HOMEP.R
2140 N. FULTON AVE. BALTIMORE, MD. 21217
Direct antar the mode of dying, such as cardiac or raspiratory arrest,
Approximate Interval Balvego Immediate Ceusa (Final disaasa or condition rasulting in daath) Small Dua to (or as a consequence of)

Physician /Medicai Examiner

attanding physician and for use as the bunal-transit

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Medical Certification:

funeral

Director: After

daath.

within 24 hours a To the Funeral D

the Hospital or Attending

law requires that the death certificate be axecuted

Box 68760,

Division of Vital Records, P.O.

Baltimore, Maryland 21215-0020

2 should be filed within 72 i and Mental Hygiene. Is marked other than "nath

Physician/Medical Examiner Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Diseasa or Injury that initiated events rasulting in daeth) Last by

Dua to (or es a conseguance of): Due to (or as e consequanca of)

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was en eutopsy performed?

2 No

24b. Wera autopsy findings availabla prior to complation of causa of death? Ves 2□ No

26. Plece of Death (Check only one)

Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 28d. Dascribe how Injury occurred

1 Yes

28c. Injury at Work? 1 Yes 2 No 28e. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify)

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stete)

MAY 29, 1997

1 Certifying Phyeician: To the bast of my knowledge, deeth occurred et the time, date and place, and due to the causa(s) and manner as stated.

XX Medical Examinar: On the basts of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar (Check only one) 29b. Signatura ang titla of certifiar 29c. Licansa number 29d. Data signed (Month, Dey, Year)

28a. Data of Injury (Month, Dey Year)

30. Nama and address of person in completed cause of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

O.C.M.E

State Registrar 31. Data filed (Month, Dey, Yaar)

25. Was casa referred to medical examinar?

5 Pending Invastigation

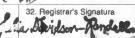
6 Could not be datemined

27. Menner of Death

1 Natural
2 Accident

3 Suicida

4 Homicide



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6683 **JOHNSON** KEVIN Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** 29 hevin Mayrice lohnson 1997 9:07 AM MAY /Medicai 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth BALTIMORE 2301 E.MADISON STREET If Under 1 Year 5. Sociel Security Number If Under 24 Hrs. Birthplece (State or Foreign Country) 6. Sex 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) **Funerai** 1 M 2 □ F Months Deys Hours 219-70-3244 Usuel Residence of Decedent Yrs. Director May 30, 1958 Mary and 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits a or 28a-f show be notified at 28a-f show 1 Yes 2 No Director Md. Baltimore 2 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 14. Race - American Indian, Black, White, etc. bolison 2301 E. Wes Decedent Ever in U.S. Armed Forces? 21205 Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 No Specify: Black Specify: 3 Widowed 4 □ Divorcad Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry d Hyglene. filed within the Me Elementary/Secondary (0-12) College (1-4or 5+) Social Service 17. Fether's Neme (First, Middle, Last) aborer Baltimore, Maryland 18. Mother's Name (First, Middle, Meiden Sumeme) Be h and Mental is marked of 8 P. Johnson Nathanie B. Johnson Pages 1 and 2 should Sother traumatic 19e. fnforment's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Place of Disposition (Name of court Buttimore Maryland 21207)

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Place of Disposition (Name of of Health Nem 27 is CSISTER, 20b. 20e. Method of Disposition podlon important: If it any injury or o 78 1 KBurlel 2 □ Cremetion 3 □ Removel from State Arbutus Memorial Park 6-3-97 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
Joseph H. Brown JR. Funeral Home, PA.
240 N. Fulton Averus Baltimore, Mayland 21217
Enter the mode of dying, such as cerdiac or respiratory errest,

Approximate
Approximate
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Approximate ire of Frinaral Servine Approximete Intervel Between Onset and Deeth ise, or complication all har caused if List only one ceuse on each line **Physician** /Medicai Immediate Ceuse (Finel ACQUIRED IMMUNODEFICIENCY SYNDROME disease or condition resulting in death) Examiner Due to (or as e consequenca of): Examiner The law requires that the death certificete be executed the burief-transi Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequença of): Division of Vital Records. P.O. Box 68760. attending physician Physician/Medicai Due to (or es e consequence of) isigned by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown LIVER CANCER þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed inspection has this certificate 1 Yes 2 X No 1 ☐ Yes 2 ☐ No Attending Physicien: Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 🛣 Residence 6 ☐ Other (Specify) 10 1 X Yes 2 □ No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funeral 27. Menner of Deeth Certification: 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred Aftert Injury et Work? 1 Naturel
2 Accident 5 Pending investigation death. 1 ☐ Yes 2 ☐ No or Attendi efter death. Director: A d in by the fi 6 Could not be 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours e To the Funeral I 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical (Check only one 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Day, Yeer) MAY 29, 1997 O.C.M.E. 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

State Registrar 31. Dete filed (Month, Day,

JUN 0 2 1997

111 Penn Street, Baltimore, Maryland 21201 Stephen Radentz, M.D. 32. Roystrar's Significate

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Approximate the second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth Month ELMAR 12:300 May 27, 1997 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth St. Agnes Nursing & Rehab Center Ellicott City Howard County 7. Age (In yrs. lest birthday) R8 Yrs. | Months | Deys | Hours | Min. | April | April | 20,1909 5. Social Security Number 9. Birthpiece (Stete or Foreign Country) Virginia 1 N 2 F 216-10-7438 Usuei Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 2 ☐ No Maryland Howard County Ellicott City 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8325 Grove Angle Road 21043 USA Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: Specifyhite XXWidowed 4 Divorced 15. Decedent's Education 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementery/Secondery (0-12) Coilege (1-4or 5+) unknown superintendent golf course 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Arthur Clarence Jett Rose Lee Lichliter 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mr. P. Ralph Jett/son 8325 Grove Angle Road, Ellicott City, MD 21043 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State 1 Burist 2 ☐ Cremetion 3 ☐ Removel from State 5 Other (Specify) 2 June 97 4 Donetion Crestlawn Memorial Gdn. Marriottsville, MD 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Slack Funeral Home, P.A. Ellicott City, Maryland 21043 M00535 23a. Perfl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Immediate Cause /Final diseese or condition resulting in deeth) Due to (or es e consequence ot) Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? PULMONARY

Physician /Medical **Examiner**

Physician

/Medical

Examiner

Funeral

Director

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Hygiana. other than

Pages 1 and 2 should be next of Health and Mental int. If them 27 is marked o

Important: If Item 27 any injury or other to

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Be

21215-002

altimore, Maryland

P.O. Box 68760.

Records,

Division of Vital

that the death certificate be executed ettending physicien end for use as the bunel-tran 2 signed t The law requires page 2 certificate al or Attending Physicien: The sefter death.

No Director: After this certificated in by the funerel director, pi To the Hospital or Atterwithin 24 hours efter dea To the Funeral Director completely filled in by the

þ Be Certification: To edicai

Physician/Medical Examiner Completed

Ji

29b. Signature and title of certifier

Pert ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 1 Yes 25. Was cese reterred to medicei examiner? 26. Place of Death (Check only one) Hospitel: Other: 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA A Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Naturel 5 Pending Investigation 1 Yes 2 No 2 Accident 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 Suicide 6 Could not be 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier (Check only one)

29c. License number

29d. Dete signed (Month, Dey, Year)

of deeth (Item 23e) (Type) Print)

7220 PARK HEIGHTS AVE

State Registrar



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| miner | 4 | a. Facility Nama (II not institution, g 12749 Folly Qua | | Ones. | | | | n, or Location of De ott City | | c. County HOWar | | unty | |
| ral tor | | 216-20-0980 | Sex 7 | | - 80 Yrs. | If Under 1 Year Months Day | | Min. 8. Date of Month, | Birth Day 17, | 1917 1919 | 9. Birthp | place (State or Foreign Tryinia Tginia | , |
| | - | Jsual Residence of Decedent Oa. State 10b. County | _ | 10c. C | ity, Town or Loc | | | | | | 1 | 10d. Inside City Limits | |
| Director | - | Maryland Howai | rd County | | E: | llicott | City | | 1 | | | 1 □ Yes 2 □ ₩6 | |
| ai Dir | | 12749 Folly Qua | arter Roa | d | | 10f. Zip Code | 21043 | | 10g. C | Citizen of W | | ntry? | |
| by Funeral | | Marital Status Never Married 2 Married Married 2 Married Married 3 | 12. Was Deced Armed Force 1 Yas 2 If Yes, Give Yaar or Dat | es? | | Vas Decedent of Yes, specify Cu ☐ Yes 2 No | | n? (Specify Yas or Puerto Rican, etc.) | No- | | k, White, | ean Indian, etc. white | |
| Completed | | 15. Decedent's (Spacify only highast g | Education trade completed) | | 16a. Deced (Give I | ent's Usual Occi kind of work don OO NOT use retir | upation a during most o | f working | 16b. | Kind of Bu | siness/inc | dustry | |
| Com | | Elementary/Secondary (0-12) | 5+ | or 5+) | | eacher | | | | | | School Sys | 2 |
| To Be | | 7. Father's Name (First, Middle, Lat June | , | Tale | | | 18. Mother's | Name (First, Mide Clyde | | | θ) | | |
| | 1 | 9a. Informent's Neme/Relationship Ms. Mary Ann Geb | | ter | | | | or Rural Route Nul ace, LaP | | | | | |
| | 21 | 0a. Method of Disposition 1 Burial 2 Cremation 3 4 Donation 5 Other (Spec | Removal from St | ata | cemetery, crem | sition (Name of natory or other pi -WASHINGT(| | Date 6-11-97 | 20c. I | LAU | City or To | | |
| SOUCE | | 23. Part 1 Enter the disease, or coshock, or heart failure. List onli | nsee | | / S | Nama and Add | neral H | Iome., P. | Α. | | | | |
| an al er | li d | Intediete Cause (Final lisease or condition esulting in death) | 1) | 5UM0 | | | | | | | | Interval Between Onset and Death | |
| raminer | SS | | 6. Cotta | Due to (| | nucrot | F LUN | 6 Dise | 155 | | , | 20/12 | |
| Medical Examiner | re | sequentially list conditions, any, leading to immediate ause. Enter Underlying ause (Disease or Injury nat initieted events esulting in death) Last | b. Cttne | Due to (| or as a consequence | Nuctre Euenca of): | F Lun | 6 Dise | 756 | | | | |
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State of Maryland / Department of Health and Mental Hygiene

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| Physici /Medic | | 1. Decedent's Neme (First, Middle, John | Last) | | Johr | nson | | | | 2. Dete of De Month MAY | Day 26,199 | Yeer 7 | 3. Time of Dee |
| Examin | | 4e. Fecility Neme (If not institution, | give street end | number) | | | | | | cation of Deetl | 4c. County | of Deeth | |
| | | 10 FOUNTAIN | RIDGE | | | | | Balt | | ce | BAL | TIMO | ORE |
| Funeral Director | | 5. Social Security Number 056-20-6828 | 6. Sex 1 ☑ M 2 □ F | | n yrs. lest birthda 1 Yrs. | Month | er 1 Year S Deys | If Under 2 Hours | 4 Hrs. Min. | 8. Date of Bir (Month, De 04-30 | th by, Yeer) 0-26 | 9. Birth Cou | plece (Stete or For ntry) NC |
| > | | Usual Residence of Decedent 10e. Stete 10b. County | | 4. | 0c. City, Town or | Looption | | | | | | | |
| Ba-f sho | Director | Md DM | A | | | imor | e | | | | | | 10d. Inside City L |
| 23e or 2 | al Dire | 10e. Street end Number 10 Fountain F | idge (| Circl | е | | ip Code | 4 | | | 10g. Citizen of 1 | Whet Cou | ntry? |
| "natural", or items 23e or 28a-f show solical Examiner must be notified at | by Funeral | 11. Marital Status 1 Never Married 2 Marrie 3 Widowed 4 Divorced | d XXYe | Pecedent Eve I Forces? es 2 No Give or Dates: | or In U,S. 1 | | | dispanto Origi en, Mexicen, Specify: | in? (Spec Puerto F | cify Yes or No Rican, etc.) | | ce - Americk, White, | |
| Beatle | ted | 15. Decedent's (Specify only highest | Education | ~d) | 16e. De | cedent's Us | uel Occup | oetion during most d) | of workin | | 16b. Kind of B | usiness/in | dustry |
| A 400 | ple | | · · · · · | e (1-4or 5+) | life | DO NOT | use retire | d) | or workin | g | | | Auth. |
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| d other | Be | 17. Fether's Neme (First, Middle, L | est) | | | | | 18. Mother | 's Name | (First, Middle, | Meiden Sumen | ne) | |
| markad o | To | Ralph | | Jo | hnson | | | Emm | a | | Jay | Mo | oney |
| s m | | 19a. Informant's Name/Reletionsh | p (Type, Print) | | 19b. Me | iling Addre | | | | | er, City or Town, | | Code) |
| am 27 l | | Caroline | Johnso | | | 3-16 | | | tree | et Jan | naica,N | 1Y | 11436 |
| - h | | 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion | Принина | 0 | 20b. Plece of Dis | position (N | eme of other ple | ce) | | Dete | 20c. Location | - City or T | own, Stete |
| iry or | | 4 □ Donetion 5 □ Other (Spi | | om State | Calve | | | | m 06 | 5-02- | 7 Cal | lver | ton, N |
| Important: eny injury once. | | 21. Signeture of Fundal Service L | censee | 0 | | 22. Name | end Addre | ess of Fecility | | Balt | imore, | Ma | ryland |
| eny ir | | Ninett | K | ha | 4 | WM C | M a | arch | г н . | 1101 5 | E. Nort | - h A | venue |
| | | Part1. Enterthe disease, or o shock, or heart failure. List o | omplications thy | caused the | e death. Do not | | | | | | | -11 | Approximete Interval Between |
| ysician Medical aminer | | Immediate Ceuse (Final diseese or condition resulting in death) | · a | ten | Solet. | 2° C | | ivec | Car o | From | ζ. | 1 | Onset end Dee |
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| igned by the atte be detached for | by Physicia | Part II. Other elgnificent condition | 0 4 1 | | ot resulting in the | underlying | ceuse giv | ven in Pert I. | | | tobacco use co Yes 2 No | ontribute t 3 ☐ Pro | bably 4 Un |
| s been s 2 should | Completed b | | | | | | | | | 24e. Wes | en eutopsy ormed? | an Co | fere autopsy find reileble prior to empletion of cau- death? |
| para | Co | | | | | | | | | 1,78 | Yes 2□No | 1 | Yes 2 No |
| this cartificata al director, pag | Be | 25. Wes cese referred to medicel examiner? | | | | | | | of Deeth | (Check only | one) | | 1 |
| 2 6 | 2 | 1)X) Yes 2□ No | Hospitel: | ☐ Inpatient | 2 ER/Outpat | tient 3 🗆 🛭 | OOA Oth | her: 4 Nur | sing Hom | ne 5💢 Resi | dence 6 □Ott | ner (Speci | fy) |
| SIG | | 27. Menner of Death 1 ■ Naturel 5 □ Pending | (M | ate of Injury fonth, Dey Y | 28b. Time Injur | | 28c. Injui Wo | ryat rk?]Yes 2 □ N | | 8d. Describe | how injury occur | rred | |
| | lon | | | | | 101 | | 103 2 11 | | | | | |
| | ertification | 2 Accident investiga investiga 3 Sulcide 6 Could no determin | t be 28e. Ple | ece of Injury ilding, etc. (| - At home, ferm, Specify) | street, fecto | ory, office | | 2 | 8f. Location (City or To | | ber or Rur | el Route Number |
| winin 24 hours artar deem. To the Funeral Director: After this completely filled in by tha funeral d | edical Certification: | 2 Accident 3 Suicide 4 Homicide 6 Could no determin | 28e. Ple bu Physician: To caminer: On the | the best of n | Specify) ny knowledge, de amination and/or | eth occurre | d et the tir | | plece, e | City or To | wn, Stete) cause(s) end m | anner es : | stated. |

State Registrar

JUN 0 2 1997

111 Penn Street, Baltimore, Maryland 21201

Registrar's Signeture

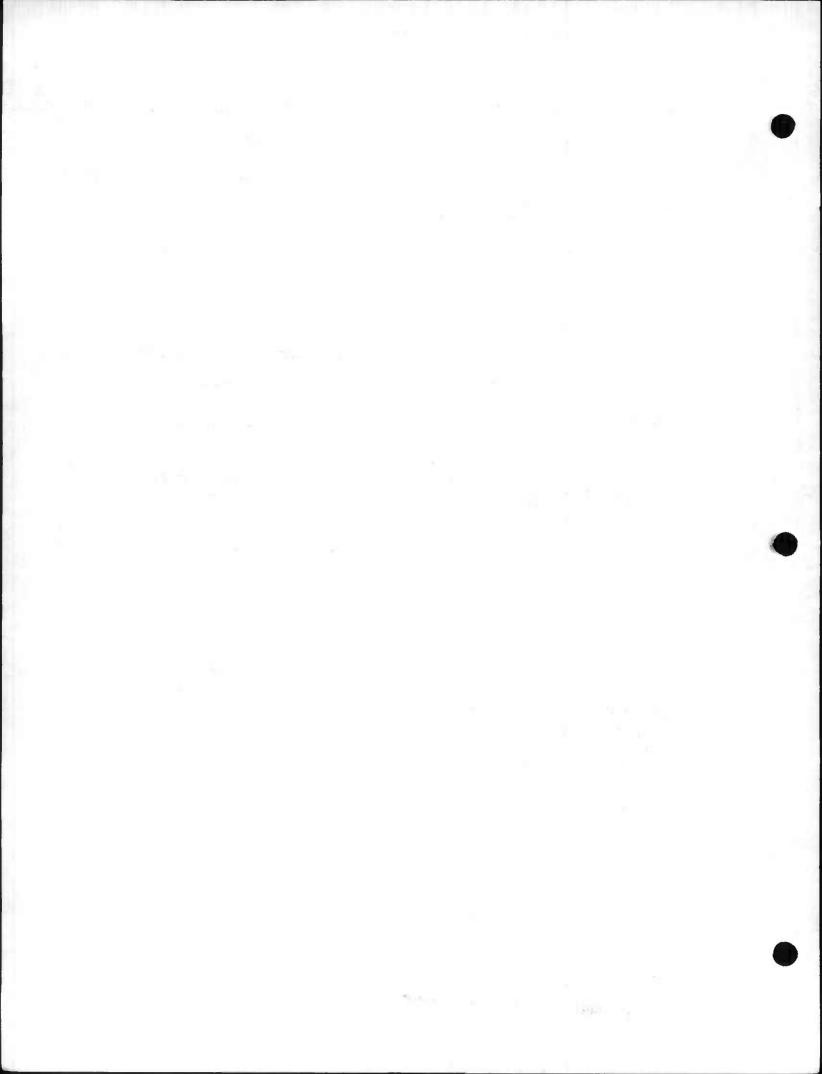
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|--|----------------|--|--------------------------------------|-------------------------------------|-----------------------------------|---------------------------------|---------------------------------|------------------------------|---------------------------------|--------------------------|--------------------------|---|
| Physic | cian | Decedent's Name (First, Mide | | | | | | | 2. Data of De Month | Day | Yaar | 3. Time of Death |
| /Med Exam | lical | WILLIAM BU 4a. Facility Name (If not institution | | CKSON number) | | | 4b. City, 1 | Town, or Los | MAY cation of Deat | 27, 19 h 4c. County | | 12:10 A |
| LAGIII | iiici | SAINT JOSE | PH MEDIO | | ENTER | | TO | OWSON | | | TIMO | RE |
| Funera | _ | 5. Social Sacurity Number 213-03-7811 | 6. Sex 1 2 M 2 □ F | | yrs. last birthday Yrs. |) If Under 1 Months [| raar If Unde | er 24 Hrs. Min. | 8. Data of Bir (Month, Da | th ly, Year) | 9. Birthp | place (State or Foreign |
| Directo | r | Usual Residence of Decedant | | 79 | 113. | | | I | ecember | 28,1917 | Mar | yland |
| 72 hours after death with the Maryland "natural", or flams 23a or 28a-f ehow edical Examiner must be notified at | tor | Maryland 10b. Count | y Baltimore | | City, Town or L Cockeys | | | | | | 1 | 0d. Inside City Limits 1 ☐ Yas 2 No |
| or 28 | Director | 10e. Street and Number | | | | 10f. Zip Co | | | | 10g. Citizen of V | | |
| ath w | | 300 Internation | | | | 210 | | | | United | | |
| iter de | Funeral | 11. Maritel Status 1 ☐ Nevar Married 2 ☐ Ma | Armed | ecedent Ever | In U,S. 13. | Was Dacedan If Yas, specify | t of Hispenic C Cuban, Maxic | Orlgin? (Spe an, Puerto F | cify Yas or No Rican, atc.) | 14. Rac Blee | e - Americ ck, Whita, | |
| urs af | by | 3 X Widowed 4 □ Divorce | If Yas, | s 2∏ No Giva rDatas: [v | WII | 1 ☐ Yes 2 💆 | [No Specify | fy: | | Specify | Whit | te |
| 72 ho | Completed | 15. Deceda | nt's Education ast grada complate | | | edant's Usual C | ecupation | nst of workin | ng . | 16b. Kind of Br | | |
| within 72 ho jene. r than "natur in e Medical | mple | Elemantary/Secondary (0-12) | 1 | (1-4or 5+) | life. | DO NOT usa | atired) | | 'y | TI G D | | |
| H C F | | 12 17. Fathar's Nama (First, Middla | . Last) | | acc | ident i | | | (First Middle | U.S. PO Maiden Surnam | | Service |
| d fa | To Be | Glanvill | | son | | | | | lara Sa | | , | |
| PEE | - | 19e. Informant's Name/Relation | ship (Type, Print) | | 19b. Mail | ing Address (S | treet end Num | ber or Rura | Route Numb | er, City or Town, | Steta, Zip | Coda) |
| - N - | | Margaret Wortm | an | | | Red Bar | - | E1k | ridge, | MD 212 | 27 | |
| | | 20a. Mathod of Disposition 1 X Burial 2 ☐ Cremetion | 3 □Removal fro | m Steta | b. Place of Disp cematary, cra | osition (Name matory or othe | of r place) | | Dete | 20c. Location - | City or To | wn, State |
| tant: | | 4 Donetion 5 Other (| Specify) | | Loudon P | | | | 30/97 | | | Maryland |
| Department of Important: If it any injury or once. | | 21. Signetura of Funaral Sarvice | Licansea 1 | MIV | 2 | 2. Nama and A | ddress of Feci | Mito 650 | chell-1 O York | Wiedefel Rd | .d Hor | me, Inc. |
| | | Jun O. | Mutche | a | | | | Ba1 | timore | MD 21 | 212 | |
| hysician | | 23a. Part. Entar the diseasa, of shock, or haart failura. Lis | t only ona causa of | n aach line. | daam. Do not an | nar ma moda d | r dying, such a | as cardiac o | r respiretory e | rrest, | | Approximete Intarval Batween Onset and Death |
| Medical | | Immediata Causa (Final | ACI | UTE HE | EMORRHA | AGIC P | ANCRE | ATITI | S | | Ť | |
| xaminei | | disease or condition rasulting in deeth) | a | | to (or as a conse | | | | | | 1 | |
| iding physician and ise as the burial-transit | Iner | | - b | | | , | | | | | | |
| physician and s the burial-transit | Examiner | Sequantielly list conditions, if any, leading to immediate | 6 | Dua t | to (or as a conse | quence of): | | | | | i | |
| sician | | causa. Entar Undarlying Causa (Diseese or Injury that initiated avents | C | | | | | | | | - | |
| g phy: | /Medical | rasulting in daeth) Last | 1 | Dua t | o (or as a conse | quance of): | | | | | 1 | |
| ending p | M/us | | d | | | | | | | | <u> </u> | |
| ed for u | Physician | Part II. Other significant condit | ona contributing to | death but not | rasulting in the i | undarlying caus | a givan in Par | t I. | 23b. Dld | tobacco uae co | ntribute to | the cause of death? |
| ned by the attended for | Phy | CONGESTIVE | HEART I | FAILUI | RE | | | | 10 | Yes 20 No | 3 ☐ Prot | bably 4 Unknown |
| 5.2 | d by | CARDIOMEGA | LY | | | | | | 04-111 | | 04h 187 | oro autonos findis - |
| been si should | Completed | SEVERE, CA | | | | | | | 24a. Wes | en eutopsy omed? | ava | ara autopsy findings ailabla prior to mplation of cause |
| has 3e 2 | mpi | PULMONARY (| CONGEST | ION AN | ID EDEM | IA | | | | | ot | deeth? |
| | | 25. Wes case referred to medic | al | | | | 06 DI- | as of Danth | | Yes 2□No | 11, | XYas 2□ No |
| | To Be | axaminar? 1 ☐ Yas 2 🛣 No | 11 | XI Innatient | 2 ER/Outpatie | nt 3 DOA | Other | | <i>(Check only one</i> 5 □ Basi | danca 6 □Oth | ar (Specifi | v) |
| ₽ ₩ | | 27. Manner of Deeth 1 XNatural 5 ☐ Pand | 28e. De | te of Injury onth, Dey Yea | | | Injury et Work? | - | | how injury occur | | " |
| death. ctor: After y the funer | catic | 2 Accidant invest | igation | | , ,,,,,, | М | 1 ☐ Yes 2 | | - | | | |
| after death Director: d in by the | Certification: | 3 ☐ Sulcide 6 ☐ Could 4 ☐ Homlcide datan | minad 288. Pla | ce of Injury - / Iding, atc. (Sp | At homa, farm, st ecify) | reat, factory, o | ffica | 2 | 8f. Location (City or To | | er or Rura | al Routa Numbar, |
| 24 hours after Funeral Direction of the Filled in | | 29a, Cartifiar 1/X Cartiful | ng Physician: To t | he heat of my | knowledge deal | h coursed at t | he time date o | and place a | ad due to the | sauss(s) and me | | lated |
| Fun letely | edical | (Check only 2 Madica | Examinar: On the | basis of axan | nination and/or ir | nvastigation, in | my opinion, de | aath occurre | d at tha tima, | data and place, | and dua to | tha causa(s) |
| within 24 hours after of To the Funeral Direct completely filled in by | Me | 29b. Signeture and titla of centifi | | 7 | - | 29c. L | cansa numbar | r | | 29d. Data signe | d (Month, | Day, Yaar) |
| | | 1 1 | | 1 | Reg Pi | | D 131 | 40 | | MAY 28 | , 19 | 97 |
| | | 30. Name and address of person | who complated ca | use of deeth (| (Itam 23e) (Type | , Print) | | | | | | 1001 |
| | | REYNALDO OR | | | | 7620 | YORK I | ROAD, | TOWS | ON, MD | . 2 | 21204 |
| St Regis | trar | 31. Data filed (Moi)h, Day, Year JUN 0 2 1997 | Julia 32 | TENNESS S | inflantable, | | | | | | | |
| riegis | ar car | COLLOW LOOK | 0 | | | | | | | | | |

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

| Physician |
|-----------|
| /Medical |
| Examiner |

Funeral Director

show at be notified at or 28a-f

Baltimore, Maryland 2121 filed within Pages 1 and 2 should be Mental and a if Health Hern 27 is Department of h Important: If its any injury or of socs.

> Physician /Medical Examiner

The law requires that the death certificate be executed burial-trar and attending physician for use es the buna been signed by the should be deteched has this certificate Hospital or Attanding Physician: '24 hours efter death.'
Funeral Director: After this certifice director, funeral the filled in by

P.O. Box 68760

Division of Vital Records,

State Registrar

cal

Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Date of Death Mayonth 28, 1997 Evelyn Y. Kellum 0655 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Howard County General Hospital Columbia Howard County 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth January Year, 1912 Country Maryland 7. Age (In yrs. last birthday) Months Days Hours Min 1□ M 2√2 F 215-18-0646 85 Yrs. Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Howard County Woodbine 1 □ Yas 2 PNo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 16105 Mullinix Road 21797 USA 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien Black, Whita, etc. 1 Never Married 2 Married white 1 ☐ Yes 2 ☐ Specify: ₩idowed 4 Divorced Yeer or Dates: 16a. Dacedant's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Comple Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12 sales jewelry store 17. Fether's Name (First, Middle, Lest) 18. Mother's Nama (First, Middle, Maiden Sumame) Be Frank Fairbanks Anna Beltski 2 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Numbar or Rural Route Number, City or Town, State, Zip Code) Mr. James Heller/son 16105 Mullinix Road, Woodbine, MD 21797 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stata 1 Burial 2 □ Cremation 3 □ Removal from State Garden of Faith Cemetery 5-30-97 Baltimore, MD 4 □ Doration 5 □ Other (Specify) e of Fundad Service License 22. Name end Address of Facility Slack Funeral Home, P.A. Part1. Enter the disease, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. Ust only one causa on each line. Approximata Intarval Batween Onset end Death STREPTOCOCCUS PHEUMONIAL mediate Cause (Final lisease or condition esulting in death) Due to (or as a consequence of): Examiner CHRONIC OBSTRUCTIVE PULMONARY Sequentially list conditions, if eny, leading to Immadiate ceuse. Enter Underlying Cause (Disease or injury that initiated evants rasulting In death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse givan in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No STRUKE, HYPERTENSION 2 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of ceuse of death? 20 No 1 Yes 2 No Be 25. Was case referred to medical 26. Place of Death (Check only one) 2 1 Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: 27. Mannar of Death 28e. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? 1 Natural 5 Pending 1 Yes 2 No 2 ☐ Accident Investigation 6 Could not be datarminad 3 Suicide 28e. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) Location (Street and Number or Rural Route Number, City or Town, Stata)

Certifying Physician: To tha best of my knowledga, death occurred at tha tima, data and place, and dua to tha causa(s) and manner as stated. Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the death occurred at the time, date and place, and due to the ceusa(s)

— Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceusa(s)

29b. Signature ap 10 of certifier w- L

4 Homicida

29a. Cartifiar

29c. Licanse number

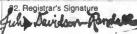
29d. Date signed (Month, Day, Year) MAY 29, 1997

30. Name and oddrass of person who complated ceusa of death (Item 23a) (Type, Print)

JISEPH F GIBBONS, MD 9501 OLD ANNAHOLLS RD SLLICOTT CITY, MD 21042

31. Date filed (Month, Day, Year)

JUN 0 2 1997



To the Hospital c within 24 hours of To the Funeral D completely filled i

w. .

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth May Miller 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Beeth 4c. County of Deeth St. Agnes Nursing & Rehab Center Ellicott City Howard County | Months | Deys | Hours | Min. | August 1, 1918 7. Age (In yrs. lest birthday). Birthplece (State or Foreign Country) Months 1 M 2KDE Maryland 10b. County 10c. City, Town or Location 10d. Insida City Limits Howard County Ellicott City 1 ☐ Yes ŽQÑo 10g. Citizen of Whet Country? USA 10f. Zip Code 21042 12072 Frederick Road 12. Wes Decedent Evar in U,S. Armad Forces? 13. Was Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ Nove If Yes, Give Yeer or Detes: 1 □ Yes 2 No Specify white ₩idowed 4 Divorcad 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) unknown College (1-4or 5+) homemaker own home 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) (unknown) Easton Grace (unknown) 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Straet end Number or Rurel Route Number, City or Town, Stete, Zip Code) Ms. Mary Bernadette Hennick/neice 12072 Frederick Road, Ellicott City, MD 21042 20b. Plece of Disposition (Neme of cemetery, cremetery or other plece) 20c. Location - City or Town, Stete Burjal 2 Cremation 3 Removal from State Crestlawn Memorial Gdn. 27MAY97 4 □ Poration 5 □ Other (Specify) Marriottsville, MD 21. Sanetyra of Funeral Servica Licanse 22. Name and Address of Fecility Slack Funeral Home, P.A. M00535 Ellicott City, Maryland 21043 hock, or heert failure. List only one ceuse on each line. Approximate Intervel Between Onsat end Death Prenmania Due to (or es e consequence of): Due to (or as a consequence of): Due to (or as a consequence of):

Priysician /Medical Examiner

buriel-transit

98 USA

physicien s the burie

signed by the et d be datached for

Dage 2

this certificate

Aftar

after deeth

24 hours Hospital

To the I within 2

filled in by

Medical

State

Registrar

or Attending Physician:

pue

The law requires that the death certificate be executed

P.O. Box 68760.

of Vital Records,

Division

Physician

/Medical

Examiner

Funeral

Director

ò

72 hours "natural"

Pages 1 and 2 should be and Mental

. nt of Health a i: If Item 27 is or other tran

Department of Important: If any injury or

filed within 7 Hygiens. other than "n

Baltimore, Maryland 21215-0020

helma

5. Social Security Number

10a Steta

215-09-2889 Usuel Residence of Decedent

Street end Number

20e. Method of Disposition

ediate Ceuse (Final

11 Marital Status

Fun

À

Completed the Medical

Be

Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in deeth) Last Physiclan/Medical

Immediate Ceuse (F disease or condition resulting in death) Examiner Completed by Be 2 Certification:

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

24b. Were eutopsy findings evelleble prior to completion of cause of death? 24e. Wes en eutopsy performed? 1□ Yes 20 No 25. Wes case referred to medical 26. Place of Deeth (Check only one) Hospitet: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not ba 3 Suicida 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide Lactifying Phyalcian: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. 29a. Certifier 2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, death occurred et the time, date end placa, end due to the ceuse(s) end menner steted.

JUN 0 2 1997

29c. Licansa number D47683

Avenue, Baltmar

29d. Dete signad (Month, Day, Year) 25, 1997

23b. Did tobacco use contribute to the cause of death? 1 Tes 2 No 3 Probably 4 Unknown

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 7220 Park Heights

Khymond Miller 31. Date filed (Month, Day, Year)

29b. Signatura and titla of cartifiar

32. Registrer's Signature whie Davidson-Randall



Market PPI Contra

State of Maryland / Department of Health and Mental Hygiene Item26 6-2-97 FilmG748 W.H.Per OCME Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Deta of Death Month Year **Physician** Richard Shepherd Murphy May 26 1997 13:40 /Medical 4b. City, Town, or Location of Death 4e. Fecility Nama (If not institution, giva street and number, 4c. County of Death Examiner The Memorial Hospital Easton Talbot If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year)
May 11, 1964 6. Sax 1 XM 2 ☐ F If Undar 1 Yaar Birthplace (Stata or Foreign Country)
 New York 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months Deys Yrs. **Director** 350-76-4067 33 Usual Residence of Decedant the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic avent, the Modical Examiner must be notified at 1 ☐ Yes 2 No Director Arlington Va. None 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4519 North 18th Street 22207 USA Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yes 2 ☐ No If Yas, Giva Year or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 14. Race - Amaricen Indian, Bleck, Whita, atc. permit. Pages 1 end 2 should be filed within 72 hours efter of Department of Health end Mental Hygiene. Important: If item 27 is merked other than "natural", or item any Injury or other traumatic avant 1 Naver Married 2 Married 1 ☐ Yas 2 ☐No Specify: Baltimore, Maryland 21215-0020 Specify: by 3 ☐ Widowed 4 ☐ Divorced Caucasian Completed 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Collega (1-4or 5+) Eiementary/Secondary (0-12) Law School 12 5+ Professor 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Barbara Shepherd Witman John Thomas Murphy 19a. Informant's Name/Raiationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 4519 No. 18th Street-Arlington, Virginia 22207 Tecla Alice Murphy - Wife 20b. Place of Disposition (Name of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1

Burlai 2 □ Cremetion 3 □ Ramoval from Stata
□ Donation 5 □ Othar (Specify) Columbia Gardens Cemetery5/27/97 Arlington, Virginia 22. Nama end Addrass of Facility
Arlington Funeral Home 21. Signatura of Funarai Service Licenses 23a. Part1. Enter tha disaasal of complications that causad tha daath. Do not enter the mode of dying, such es cardiac or respiratory arrast, shock, or heart failura. Listonly on a causa on aach line. Approximate intervel Between Onsat and Death **Physician** /Medical Immediate Ceuse (Final diseasa or condition rasulting in death) Examiner WHATER PROJECT IN THE TRANSPORT HOLLESSTEELS Examiner physician end the buriel-trensit Sequantially list conditions, if any, laading to immediata cause. Entar Undarlying Ceusa (Disaasa or Injury that initiated events rasulting In daath) Last Box 68760 Physician/Medical Due to (or as a consequence of) 80 USB ed by the etter deteched for u P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contributa to the cause of death? signed by t d be detech 1 Yes 25 No 3 Probably 4 Unknown Division of Vital Records. by 24b. Wara autopsy findings evailabla prior to complation of ceuse of daeth? 24a. Was an autopsy performed? Completed peen page 2 1 Yes 2 No certificate 1 Yas 2 No 25. Was casa rafarred to madical axaminar? Be 26. Piece of Deeth (Check only one) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Home 5 Residence Specify) 1 Yas 2 No this funeral 27. Manner of Death 28b. Tima of Injury 28d. Describe how injury occurred 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? il or Attending P efter deeth. | Diractor: After t : After t Certification: 1 Natural 5 Pending invastigation 1 Yas 2 No Fell from 5-21-97 1200 PM 2 Accidant Soulbact 6 Could not be detarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Piace of injury - At homa, farm, straet, factory, office building, atc. (Specify) 4 - Homicida Tred Avon River, Talbot County, MD Tred Avon River, Talbot Co. Mg

10 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data end place, and due to the ceuse(s) end menner as stated.

2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, daath occurred at the time, date end place, end due to the ceuse(s) and manner stated. Tred Avon River, Talbot G. MD To the Hospital or within 24 hours ef To the Funeral Di completely filled i edicai 29a. Certifier (Check only one) 29c. Licansa number 29b. Signature and title of cegi 29d. Data signed (Month, Day, Year) 10 00 5-27-97 30. Nama and address of person who completed ceusa of death (Item 23a) (Type, Print)

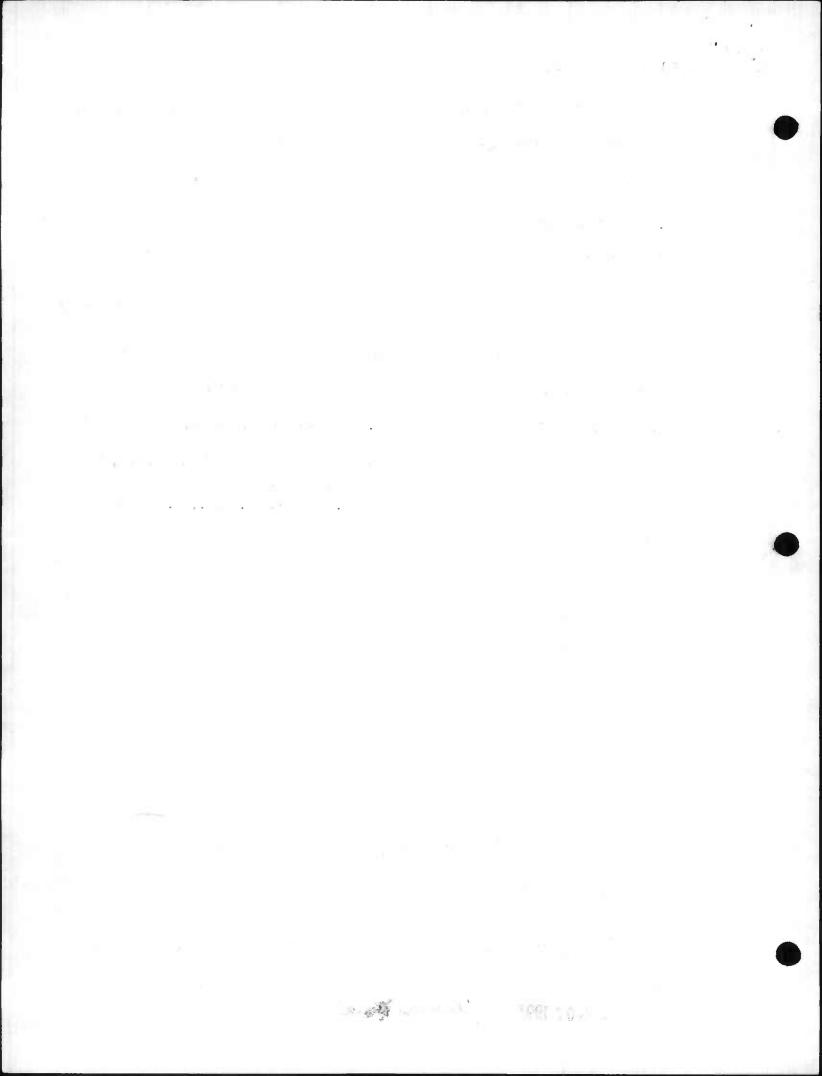
219 S. Washington St. Easton, MD 21601

State Registrar

Gino Alberto, D.O.

JUN 0 2 1997

31. Dete filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene

| Physician Micelial Examiner 4a. Facility Hame (if not institution, pive street and number) 4b. City, Town or Location of Death ANDR CARE – RUXTON MANOR CARE – RUXTON 5. Social Security Number 214-26-4137 106. State 106. County Number 214-26-4137 106. State 106. County Number 106. State 106. County Number 106. State 106. County 106. State 106. County 106. State 106. County 106. State 106. County 107. State 106. State 106. County 107. State 106. State 106. County 107. State 107. State 107. State 107. State 108. State 109. City, Town or Location 107. State 108. State 109. City, Town or Location 107. State 108. State 109. City, Town or Location 108. State 109. City, Town or Location 108. State 109. City, Town or Location 109. City, Town or Location 109. State 109. City, Town or Location 109. Mainty Actions City or Town, State, 2c Code) 109. Mainty Actions City or Town, State, 2c Code) 109. Mainty Actions City o | | _ | | | | Certific | ate of L | Death | | Reg. No. | 91 | 10091 |
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| MAY 29 1997 4 3-30 A. INCHARD ANTHORY MANNOR CARE - RIVITION MANNOR CARE - RIVITION Solution and the state of the stat | Physician | | | ast) | | | | | | | Yaar | 3. Time of Death |
| MANK CARE - RUNTON 1. Age (in yrt lest blothedy) Flucies Yes What Age of (in the first Yes Yes What Age of (in the first Yes Yes Yes What Age of (in the first Yes Ye | | ıl . | | | | MOORE | | | MAY | 29 | | 4:30 A.M |
| 5. Social Security Number 1. Control Security Number 1. Control Control 1. Control Control 1. Cont | Examiner | r | 4a. Fecility Name (If not institution, gi | ive street end number) | | | 4 | b. City, Town, or | Location of Death | 4c. Cour | nty of Death | |
| Usual Residence of Decedent Stock State 100. City, Town or Location 100. Elsy, Town or L | | Ц | | | | | | | | | | |
| Usual Residence of Decedent Stock State 100. City, Town or Location 100. Elsy, Town or L | Funeral | | | | ja (In yrs. id | Mont | | | S. 8. Date of Bird (Month, Da | th ly, Year) | 9. Birthr | place (State or Foraig |
| 100. State 100. County 100. Finds clipt in Towson 100. Finds clipt in Towson 100. Finds clipt in Towson 100. Finds clipt in Towson 100. Finds and Number 100. Finds and Number 100. Finds and Number 100. Finds and Number 100. Finds and Finds 100. Finds and Number 100. Finds and Number 100. Finds and Number 100. Finds and Finds 100. Fin | Director - | 1 | | IZDIWI ZLI F | 67 | Yrs. | | | 12/25/ | 29 | | |
| Name Audition 20 Marked Division Name Audition 20 Marked Division Name Audition 20 Name Audi | \$ 20 | | | | 10c Ciby | Town or Location | | | | | - T. | 104 1-44-01-11-1 |
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| Name Audition 20 Marked Division Name Audition 20 Marked Division Name Audition 20 Name Audi | Sept 1 | 5 | | nore | Tor | | | | | | | ••• |
| Name Audition 20 Marked Division Name Audition 20 Marked Division Name Audition 20 Name Audi | Dir. | 5 | 10e. Straat and Number | | | 10f. | | | | 100 | of What Cou | ntry? |
| Name Audition 20 Marked Division Name Audition 20 Marked Division Name Audition 20 Name Audi | 23. 123. | ā | 8522 Drumwood Ro | oad | | | | | | | | |
| Security Specify Spe | | 1 | | Armed Forcas? | | 3. Was De | cedant of Hi specify Cuba | spanic Origin? (n, Mexican, Pua | Specify Yas or No rto Rican, atc.) | - 14. R | | |
| 16. Decedants Usual Counsation 16. Decedants Usual Counsation 16. Co | | | | If Yas, Give | No | 1 □ Ya | 2 K No | Specify: | | | | |
| College (1-4of 5+) College | | | 3 □ Widowad 4 □ Divorced | Yaar or Datas: | | | | | | | W | nite |
| Comparison Com | 1/3/3/1 | 5 | 15. Decedant's E (Specify only highast gi | ducation rade complated) | | 16a. Decedant's U (Giva kind of | work dona d | ition uring most of w | orking | 16b. Kind of | Business/In | dustry |
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| E. Louise Moore Wife 8522 Drumwood Road Towson, MD 21286 20a. Method of Disposition (20a Method of Di | T affe | 2 | | | | | | | | | | |
| Part Country | 0 9 6 | | 19a. Informant's Name/Raiationship | (Type, Print) | | | | | Rurel Routa Numbi | ar, City or Tou | vn, State, Zip | Code) |
| A COMBINE OF COMBINE O | | | E. Louise Moore | Wii | | | | | Towson, | MD 21. | 286 | |
| 22. Name and Address of Facility JOHNSON FURRAL HOME 8521 LOCH RAVEN BLVD. TOWNSON, PND 21286 23. Name and Address of Facility JOHNSON FURRAL HOME 8521 LOCH RAVEN BLVD. TOWNSON, PND 21286 24. Signature of Facility JOHNSON FURRAL HOME 8521 LOCH RAVEN BLVD. TOWNSON, PND 21286 Approximate inferval Between Oriental failura. List only one cause on each inc. Townson, PND 21286 T | r of H | | The state of the s | Themousi from State | 20b. Pla | ace of Disposition (matary, cramatory | Nama of or othar place | 9) | Data | 20c. Location | n - City or To | own, State |
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| TOORSON, MD 21286 22 5 ft.1. Enter the disease, or complications that caused the death. Do not artist the mode of dying, such as cardiac or respiratory arrest, interval Between Interval Between Conset and Death Conset (Final disease or condition rauting in death) 2 | orth Series | - | 21. Signatura of Funeral Service Lice | msee | | | | s of Fecility | 3/31/31 | Darth | more) | PID |
| Medical raminer Medical raminer Medical ram | DE S O | | | | | JOHN | SON FU | NERAL H | IOME 852 | l LOCH | RAVEN | BLVD. |
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| Medical saminer The control of th | avelelen. | | shock, or haart failura. List only | y one causa on aach li | na. | | | , 040, 40 04, 50 | ao or roopmotory a | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | Interval Batween |
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| Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease) or injury of Cause (Disease) or injury or | | - 1 | disaasa or condition | a. Carro | | vemon | asy | arre | 35 | | | of HAR |
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| 1, May Mex. Das391 5/29/97 | ors el | 3 | (Check only 2 Madical Exa | miner: On the basis of | examination | iedge, daath occurr on and/or investIgat | ad at the tim ion, In my op | e, date and plac inion, death occ | e, and dua to tha curred at the time, | causa(s) and i date and place | mannar as s e, and due to | tated. tha cause(s) |
| 1 1 Marian Mcx. Das391 5/29/97 | Funeral D tely filled I | € | Otto) | and mannar st | ated. | | | | | | | |
| 10 Nama and addrass of person who completed causa of death (Itam 23a) (Type Print) W. KHAN - 5601 - LOCK Rowen Blvd, Balkimore MD 2/239 | Funer Funer stely fill dical | | 20h Sieneture | | | | | | | | | Dan V1 |
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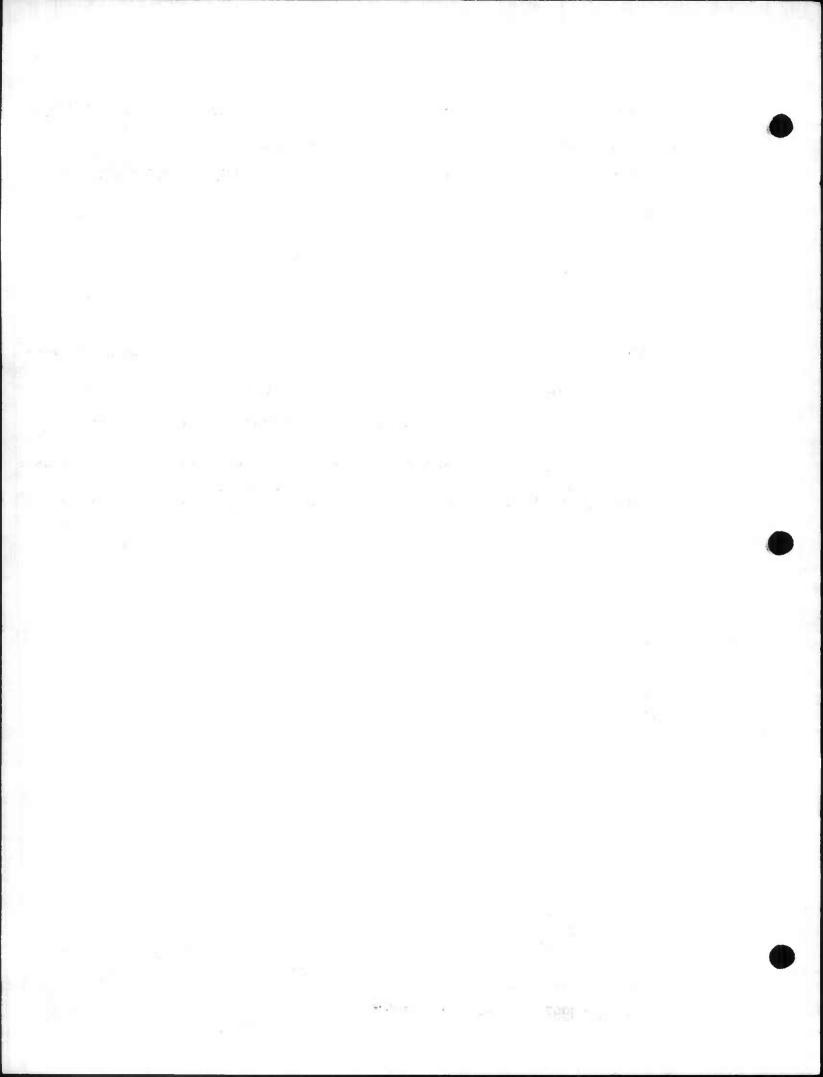
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 | 16692

| | | | | otato oi me | y.a.ia / s | Certifica | | Death | | g. No. | / | 10076 |
|---------------------|--|---------------------|--|--|-------------------------------|---------------------------------------|-----------------------------|--|---|---------------------------------|-------------------------|---|
| п | Dhusis | | 1. Decedant's Nama (First, Middla, La | st) | | 2 | | | 2. Data of Daati Month | h Day | Year | 3. Time of Death |
| | Physic /Medi | | Thomas D | | 0wens | | | | 05 | 29 | 97 | 9:17 p.m. |
| | Examir | | 4e. Fscility Nama (If not institution, giv | a street end number) | | | | 4b. City, Town, or Lo | cation of Death | 4c. County | of Deeth | |
| | | | 3119 Hanlon Ave. | | | | | Baltimore | 2 | Nor | 1e | |
| | Funeral Director | | 5. Social Security Number 6. S 224-20-8345 | ex 7. Age | (In yrs. last bir | Yrs. If Und Month | ler 1 Yeer s Days | If Under 24 Hrs. Hours Min. | 8. Data of Birth (Month, Day, July 1, | Year) 1923 | Cour | place (State or Foreign http) Carolina |
| | Maryland of show | tor | 10a. Stata 10b. County Maryland None | | 10c. City, Tow | | | | | | 1 | 0d. Inside City Limits |
| | th with the 23a or 28a ust be not | ral Director | 10e. Street and Number 3119 Hanlon Ave. | | | 10f. 7 | ip Coda | 1216 | 10 | Og. Citizen of V | Vhat Cour | ntry? |
| Maryland 21215-0020 | within 72 hours after death with the Maryland ene. than "naturat", or items 23s or 28s-f show he Modical Examinet must be notified at | by Funeral | 11. Merital Stetus 1 Nevar Married 2 区Marriad 3 Widowed 4 Divorced | 12. Was Decedent E Armed Forces? 1 Wes 2 N If Yas, Giva Year or Datas: | ever in U,S. | | edant of hoscify Cubo | lispanic Origin? (Spe an, Maxican, Puarto Specify: | ecify Yes or No- Rican, atc.) | | k, White, | |
| 15-0 | in 72 ho natur | eted | 15. Decedant's Ed (Spacify only highast gra | lucation da complated) | 16a. | Decedant's Us (Giva kind of | uai Occup vork dona | etion during most of worki | ing | 16b. Kind of Bu | usinass/Inc | dustry |
| 2121 | filed within Hygiene. Other than | Completed | Elamantary/Secondary (0-12) | College (1-4or 5 | +) | iiia. DO NOT rdener | usa ratired | 3) | | alto. (| Gas & | Electric |
| P | | Be C | 17. Father's Neme (First, Middla, Last) | | | | | 18. Mothar's Name | | | | |
| a | | To B | Unknown | | | | | Bertha (| Owens | | | |
| ary | 12 should h and Men 7 is marke treumatic | - | 19e. Informant's Name/Raiationship (| Type, Print) | 196 | . Mailing Addra | ss (Street | and Number or Rura | | City or Town, | Stata, Zip | Code) |
| | 718 | | Leola Owens / Wife | 2 | | _ | | ve. Baltin | | | | · · |
| Baltimore, | or oth | | 20a. Method of Disposition 1 Buriai 2 Cramation 3 4 Donation 5 Other (Specific | | cemata | Disposition (A | r othar pla | | | 20c. Location - | | |
| altir | permit. Pa Departmen Important: any Injury once. | | 21. Signature of Funaral Service Licen | | Garri | son For 22. Name | end Addre | ss of Fecility | | | 1111S | , Maryland |
| Ω | Depa Impo | | King | CLa | - | | | k C. Jones Heights Av | | | Md. | 21215 |
| | Physician /Medical Examiner |)r | 23a. Part1. Entar tha diseasa, or com shock, or heert failura. List only Immediata Causa (Final diseasa or condition rasulting in death) | a. Con | | TUE | CAS | z D. Omy | | | | Approximate Interval Batween Onsat and Deeth |
| Box 68760, | leath certificate be executed attending physician and I for use as the burial-transit | in/Medical Examiner | Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disease or Injury that initieted evants rasulting in death) Last | c | Oua to (or as a o | | | | | | | |
| | 0 0 0 | sicla | Pert II. Other significant conditions of | ontributing to death bu | t not resulting Ir | tha undarlying | causa giv | en in Part I. | 23b. Did to | bacco use cor | ntributa to | the cause of death? |
| s, P.O. | requires that the de een signed by the hould be detached | by Physician/N | | | | | | | 1 □ Ye | 2 Q NO | 3 □ Prol | bably 4 Unknown |
| Vital Records, | - DO | Completed t | Hypentens AND They | spid , | REGUL | GITA | tion |) | 24a. Was ar perform | | av. | ara autopsy findings allabia prior to mpletion of cause death? |
| Œ | 0 - 0 | E O | | | | | | | 1 □ Ya | s 20140 | 1[| Yas 2010 |
| ta | delan: The certificate rector, pag | Bec | 25. Was casa rafarrad to medical | | | | | 28. Place of Death | (Check only one | al- | 1 | |
| > | S o D | TOE | axaminar? | Hospitai: | nt 2 ER/Ou | tpatient 3 . | DOA Oth | | | | ar (Specif | (v) |
| ion of | 5 5 8 | | 27. Mannar of Death 1 Natural 5 Pending 2 Accident invastigation | 28a. Data of Injur (Month, Day | | Fima of njury | 28c. Injur Wor 1 □ | | 28d. Dascribe ho | | | |
| Division | al or Atte s after de il Directo ed in by th | Certification: | 3 Suicida 6 Could not be datamined | 28a. Place of Inju building, atc. | ry - At homa, fa (Specify) | rm, straat, fact | ory, office | | 28f. Location (Str City or Town | | er or Rura | il Route Number, |
| | To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer | edical (| 29a. Certifier (Check only one) | sician: To the basis of inar: On the basis of and mennar stat | examinetion en | , daath occurre d/or invastigation | d at tha tir on, in my o | na, data and place, a pinion, daath occurr | and dua to tha ca ed at tha tima, de | usa(s) and ma ita and piace, | nnar as s and dua to | tated. tha cause(s) |
| | To the within 2 To the comple | Me | 29b. Signetura and titla of cartifler | | | 2 | 9c. Licens | e number | 29 | d. Dete signed | d (Month, | Day, Year) |
| | | | | 200 B | he? | , | DI | 19502 | / | leay | 29 | 1997 |
| | N 6 | | 30. Nama and addrass of person who d | omplated causa of da | ath (Itam 23a) | Type, Print) | | 7501 | liker | 7 - | 21 | . , , |
| | CIN | | ORLANDO B. | CONAN | AN R | D. | | 1950 2- 7501 BALTI'M | one | red. | | 21133 |
| | Sta Registr | | 31. Deta filed (Month, Day, Year) JUN 0 2 1997 | 32. Hegistra | Signatura) | andelle | | | | | | |

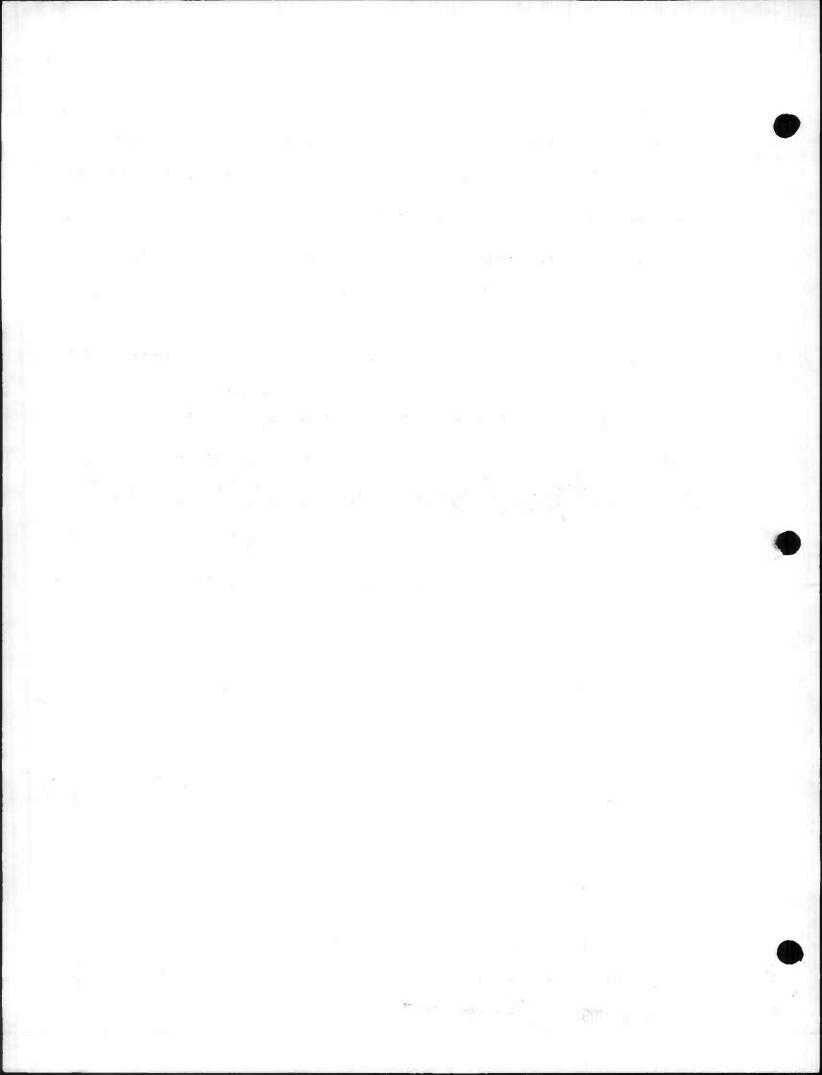
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State of Maryland / Department of Health and Mental Hygiene 0 7

| ician | | Decedent's Neme (First, Middle, | Last) | | | | | | 2. Dete of | | No. | | 3. Time of Deeth |
|--|-------|--|--|---|--|--|----------------------|--|--|--|--|--|--|
| dical | и. | MARY. B' | BRIENI | | | | | | Month | 4 5 | Day / | 997 | 6.45 P |
| aicai niner | | e. Fecility Neme (If not institution, g | give street and number | r) | | | 4 | b. City, Town, or | Location of D | eath | 4c. County | - | 0.101 |
| | | Eastpoint No | rsing Home | | | | | Baltimo | ore | | Balt | imore | 9 |
| al | 5 | | . Sex 7. A | Age (In yrs. | last birthday) | If Under 1 Months | 1 Year Days | If Under 24 Hr Hours Mir | S. 8. Dete of | Birth Var | 201 | 9. Birthp | Hece (State or Foreign |
| or | ī | 218-28-9642 Usuel Residence of Decedent | 1 M 2 X | 90 | Yrs. | Months | Days | Hours Mir | 8. Dete of (Month, June | 30,1 | 906 | New | York |
| | | 10e. Stete 10b. County | | | ty, Town or Loc | | | | | | | 1 | 0d. Inside City Limits |
| ctor | | Maryland N/A | | | Baltimo | ore | | | | | | | XIX Xes 2 No |
| Oire | 1 | 10e. Street end Number | | | | 10f. Zip 0 | Code | | | 10g. (| Citizen of V | Vhet Coun | ntry? |
| 0 | 3 | 2327 North Char | les Street | | | | 212 | 18 | | | US | Α | |
| au e | 1 | 11. Meritel Stetus | 12. Was Deceder Armed Forces | 3? | ,S. 13. V | Wes Decede f Yes, specif | ent of Hi fy Cube | ispenic Origin? (n, Mexican, Pue | Specify Yes or | No- | | e - Americ | |
| by Funeral Director | | 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 🗱 Divorced | | Mo | | 1□ Yes 2 | | Specify: | | | Specify | | nite |
| Completed | | 15. Decedent's (Specify only highest of | Education | | 16e. Deced | ient's Usuel | Occupi | etion fu <i>ring</i> most of we | n eleim e | 16b. | Kind of Bu | usiness/ind | dustry |
| pie | | Elementery/Secondary (0-12) | College (1-4o | r 5+) | life. D | DO NOT use | e retired |) | orking | | | | |
| 5 | | 12 | | | | Danc | cer | | | | Ente | rtair | nment |
| Be | 1 | 17. Fether's Neme (First, Middle, Le | st) | | | | | 18. Mother's Na | me (First, Mid | dle, Maid | e <i>n Suma</i> m | ie) | |
| 2 | 2 | John Sciclone | | | | | | | known | | | | |
| | | 19e. Informent's Neme/Reletionship | | h | | | | and Number or F | | | | | Code) |
| | | Robert Slone | Nep | | | | | rail Jar | | - | | | |
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DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacadant's Name (First, Middle, Last 2. Data of Daath 3. Tima of Daath Month 4b. City, Town, or Location of Death 4a. Facility Nama (If not Institution, giva street and number) 4c. County of Daath Balto n/a If Undar 1 Yaar 5. Social Security Number 7. Aga (h yrs. last birthday) 8. Data of Birth (Month, Day, Yaar) Birthplace (State or Foreign Country) Days 1 M 28 35 71 245-56-6380 July 29,1925 NC Usual Rasidence of Dacadani 10a, State 10b. County 10c. City, Town or Location 10d. Insida City Limits XX Yas 2 No n/a Baltimore 10e. Street and Number 10f. Zlp Coda 10g. Citizan of What Country? 1712 W. Lafayette Ave. 21217 USA 12. Was Decedenf Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 ☐ Yas 2 ☐ X If Yas, Giva Yaar or Dates: 1 Navar Married 20 Warried Specify: Black 3 ☐ Widowad 4 ☐ Divorced 16a. Dacedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highast grada completed) Elementary/Secondary (0-12) College (1-4or 5+) 6th Housekeeping Hospital 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maidan Sumema) unk. unk. 19a. Informant's Nema/Ralationship (Type, Pnint) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Coda) Vivian Monroe/daughter 326 St. Balto., MD N. Pulaski 21223 20a. Mathod of Disposition 20b. Placa of Disposition (Nema of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata XX Burial 2 Cramation 3 Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) King Memorial Park 6/4 Randallstown, MD Nura of Funaral Service-Licenses 22. Name end Address of Fecili James A. Morton & Sons Funeral Home 1701 2000 Laurens St. Balto., 21217 23a. Part Entar tha diseasa, or complications thet caused tha death. Do not entar tha mode of dying, such as cerdiac or raspiretory arrast, or haart fellura. List only one cause on sech lina. Approximate Interval Batween Onsat and Daath Louis Immediata Causa (Final disaase or condition rasulting in deeth) APTERIO Scherosis Part II. Other significant conditions contributing to death but not resulting in the underlying 23b. Did tobacco use contributs to the cause of death? Hemi paresis 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings eveilabla prior to complation of ceuse of daath? 24a. Was an autopsy performed? 2 No 1 ☐ Yas 2 ☐ No 26. Pieca of Death (Chack only ona) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No 1 Dinpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Yaar) 28b, Tima of 28d. Dascribe how injury occurred

Physician /Medicai Examiner -transit

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attending physician

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hes certificate

To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, to

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Certification:

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permit. Pages 1 and 2 should be filed a Department of Health and Mental Hygies Important; if frem 27 is marked other th any Injury or other the

Baltimore, Maryland

Box 68760.

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25. Was cesa refarrad to medical axaminar?

27. Manner of Daath 1 Natural

29a. Certifian

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3 Suicida 6 Could not be datarmined 4 | Homicida

28a. Place of Injury - At homa, ferm, straat, factory, office building, atc. (Specify)

28c. Injury at Work? 1 ☐ Yas 2 ☐ No

1 🖟 certifying Phyalcian: To tha best of my knowledga, daath occurred at the lime, date end place, and dua to tha causa(s) end menner es steted.

28f. Location (Straat and Numbar or Rural Routa Number, City or Town, Stata)

2 Medicaf Examinar: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar statad. 29c. License number

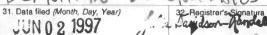
daath (Itam 23a) (Type, Print) M.D.

29d. Deta signed (Month, Dey, Year)

182

SE COURS BON HOSPITAL ST, BALTIMUR W. BALTIMORY 3000

Registrar



THE STATE OF THE S

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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| nysician Medical | - | RUFUS A. | PETTAV | YAY | | | | | 5/24/ | 197 ^{ay} | Yaar | 5:45 P |
| xaminer | - | 4a. Facility Nama (If not institution, gi | iva street and number |) | | | 4b. | City, Town, or | Location of Death | 4c. Count | ty of Death | |
| | | (HOME) 1702 N. | FULTON AVE | | | | | BALTIM | ORE | N/ | Α | |
| neral ector | | 5. Social Sacurity Number 6. 220 36 7384 Usuel Residence of Decadent | | ga (In yrs. la | ast birthday) Yrs. | If Under 1 Months | | f Undar 24 Hr Hours Mir | | Year) 41 | 9. Birthp Cour | N.C. |
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| Director | 6 | 10e. Street and Number | | | | 10f. Zip C | oda | | | 10g. Citizan of | What Cour | ntry? |
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| by Funeral | | 11. Marital Status 1 □ Navar Married 2 ∰ Married 3 □ Widowed 4 □ Divorced | 12. Was Decedant Armed Forcas 1 Yas 24 If Yas, Giva Yaar or Datas: | 7 No | | as Dacedar Yas, specify | | anic Origin? (Maxican, Pua Specify: | Specify Yas or No- to Rican, atc.) | 14. Ra Bla Speci | ca - Amaric ack, Whita, | AFRO |
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| 10 | 2 | JAMES | BRIDGET | 11 | | | | MI | NNIE | PETT | AWAY | |
| traumatic | | 19e. Informant's Name/Relationship | | 1.00 | | | | | lura <i>l Rou</i> ta Numba | | | |
| other tr | | JEANETTE PETTAW | AY WIFE | | | | | N ST.B. | ALTO. MD. | . 2120 | 1 (A | PT.6D) |
| 5 | | 20a. Malhod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Speci | | | aca of Disposi matary, crama | | | | Data | 20c. Location | - City or To | own, Stala |
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State Registrar THEODONE Mikers

29b. Signature end title of certifiar

30. Neme and eddress of person w

111 Penn Street, Baltimore, Maryland 21201

of death (Item 23e) (Type, Print)

29c. License number

O.C.M.E.

29d. Date signed (Month, Dey, Year)

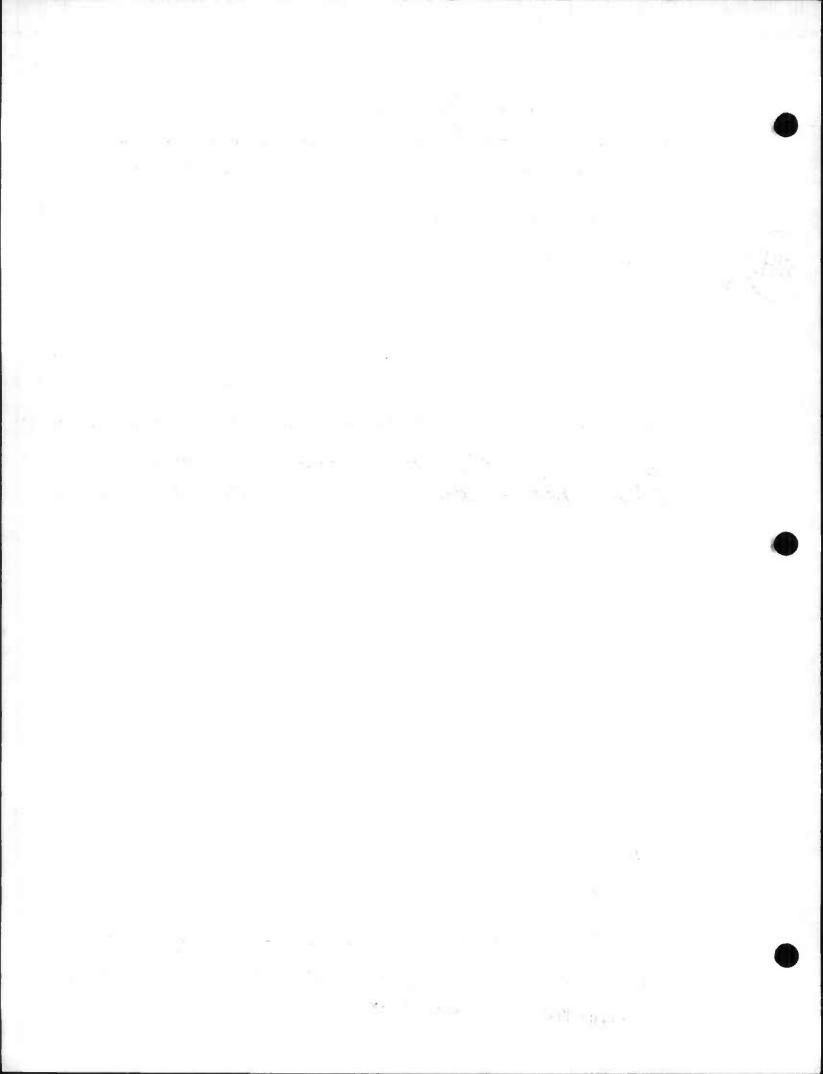
MAY 27, 1997

State of Maryland / Department of Health and Mental Hygiene

| | | | | 00 | unca | ic or i | Dealii | | | Reg. No. | | |
|---|--|-------------------------------------|-----------------------|--|-------------------|------------------|-------------------|-----------|-------------------------------------|----------------------------|--------------|--|
| Dhysisian | 1. Decedent's Name (First, Middle, La | st) | | | | | | | 2. Data of Do Month | eath Dey | Yeer | 3. Time of Death |
| Physician /Medical | | RAINES | | | | | | | May 2 | | | 9130 |
| Examiner | 4a. Fecility Name (If not institution, give | ra street and number | r) | | | 4 | 4b. City, Tow | | cation of Deal | th 4c. County | of Death | |
| | 3737 Courtlei | gh Driv | е | | |] | Randa | 11s | town | Balt | imore | e |
| Funeral | 5. Social Security Number 6. 5 | | | last birthday) | If Unda Months | r 1 Yaar Deys | If Undar 2 | 4 Hrs. | 8. Date of Bi | rth av. Year) 17,191 | 9. Birthpl | leca (Steta or Foreig try) Orgia |
| Director | 254-26-6855 | 11 M 2□F 8 | 3 | Yrs. | WOTHING | Doys | 110013 | IVIII 1. | Aug. | 17,191 | 3 G | eorgia |
| 9 | Usuel Residence of Decadent | | | | | | | | | | | |
| anytar athon ad at | 10a. State 10b. County | | | y, Town or Lo | | | | | | | 10 | 0d. Inside City Limit |
| M Page 101 | Maryland Baltin | nore | LO | chern | | | | | | | | 1∭ Yas 2□N |
| 1 2 2 E | 10e. Street end Number | | 1 14 | | 10f. Zij | o Coda | | | | 10g. Citizen of \ | Whet Coun | try? |
| 200 | 6601 Marott Ro | ad | | | 21 | 207 | | | | U.S.A | | |
| filems 22s or 28s (| 11. Meritel Status | 12. Was Deceden | t Ever in U | .S. 13. | Was Dece | dent of H | lispanic Orio | in? (Spe | (Specify Yas or No- 14. Rec | | | an indien, |
| 1 2 2 | 1 ☐ Never Merried 2 ☐ Married | Armed Forces | :7 | | If Yes, spe | cify Cuba | an, Mexican, | Puerto | Rican, etc.) | Blac | ck, White, a | atc. |
| by | 3 Widowed 4 Divorced | If Yes, Giva Yaar or Dates | | | 1 🗌 Yes | No No | Specify: | | | Specify | . Bla | ack |
| | 15. Decedent's E | 4.00 | | 16e. Dece | dent's i leu | ial Occuin | etion | | 16b. Kind of Businasa/Industry | | | |
| ads also | (Specify only highest gra | ade completed) | | (Giva | kind of wo | ork done | during most | of worki | king 16b. Kind of Businass/Industry | | | |
| m Paris | Elementary/Secondery (0-12) | College (1-4or | 5+) | Teac | | | Co. School System | | | | | System |
| Mental Hygiene. srked other than "naturation of the Medical | 17. Fether's Name (First, Middla, Last | | | Teac | ner | | 18 Mother | e Name | (First Middle | | | Бувест |
| eve eve | John R Wright | , | | 18. Mother's Name (First, Middle, Meiden Sumeme) | | | | | | 10) | | |
| and and and and and and and and and and | | | | | | | Mami | | Curry | | | |
| | 19a. Informent's Name/Reletionship (| ** | | | | | | | | oer, City or Town, | | |
| item 27 other tr | Marvin D. Rair | ies | | | | | | ve, | Ft W | ashing | on, | MD 2074 |
| | 20a. Method of Disposition | 30 11 0 | 20b. F | Pleca of Disposamatary, cres | sition (Ne | me of other plea | ce) | 1 | Dete | 20c. Location - | City or To | wn, Stata |
| = 0 | 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specific | DHemover from Stet | 8 | rbutu | | | | K 6 | /3 | Arbutus | s. MI | D |
| mportant iny injury 2008 | 21. Signature of Funeral Service After | | | | | | ss of Facility | | , - | III baca. | , | |
| Dep min po | 10 111 | 10.0 | bear | _ / M | arsh | a11 | W.IO | nes | Jr. | Arbutus, | | ne PA |
| | Moria la | anse | TP | В | alti | more | e, MD | 21 | 229 | | | |
| | 234. Pert1. Entar the disease, or com shock, or heart feilure. List only | one ceuse on each | the deet ine. | h. Do not en | ter the mo | da of dyin | ng, such as o | cardiec o | or respiretory | errest, | i | Approximata Intervel Between |
| nysician | | C | ΛΛ | 1 | | Λ | , | Xn | ath | | 1 | Onset end Deeth |
| Medical aminer | Immediate Cause (Finel disaese or condition | · Sue | Lale | an (| ar | dio | re. | De | avi | | | |
| | resulting in death) | 0. | Due to (c | or es e consec | quence of) | 1 | P | | | | | |
| in and rial-transit Examiner | | . ('a | Me | one | 100 | at | hes | | | | - 6 | |
| ans ans | Sequentially list conditions | Ь. | Dua to (c | or as a consec | denca of | | 1 | | | | | |
| ial-t | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initieted events | an | Page | 10. | | | | | | | | |
| sicile a bu | Ceuse (Disease or Injury thet initieted events | с | Due to to | r as a consec | uance of | , | | | | | | |
| use es the burial-transit | resulting In deeth) Lest | | 0) 01 800 | i as a consec | tuance on. | • | | | | | | |
| Se es | | d | | | | | | | | | | |
| for to | | | | | | | | | | | i | |
| d by the attentached for Physicia | Pert II. Other significant conditions of | contributing to death | but not res | ulting in the u | inderlyling | causa giv | ren in Part I. | | 23b. Did | l tobacco use co | ntribute to | the cause of death |
| ed by the atterded for detached for Physicia | | | | | | | | | 1[| Yes 2□ No | 3 Prob | ably 4 Unkno |
| 5 8 g | | | | | | | | | | | T | |
| ould buld | | | | | | | | | 24a. Wa | s an eutopsy omed? | ave | ere eutopsy findings allabla prior to |
| 2 sh | | | | | | | | | | 1 | of o | mpletion of cause deeth? |
| is certificate has been s director, pege 2 should To Be Completed | | | | | | | | | 10 | Yes 2 No | 10 |]Yes 2□ No |
| o. p | 25. Wes case referred to medical | | | | | | Of Diese | of Dooth | | | | 3 100 20 10 |
| | exeminer? | Hospital: | | | | OA Oth | | | (Check only | | | |
| ral dire | 1 Yes 2 No 27. Menger of Deeth | 1 Inpat | | ER/Outpetier 28b. Time o | | UA | 4 🗆 1101 | - | | how injury occur | | v) |
| After fune ion | 27. Menger of Deeth 28e. Dete of Injury 28b. Time of Injury et Work? 28c. Dete of Injury 28b. Time of Injury Work? 28c. Injury et Work? 28c. Dete of Injury 28b. Time of Injury 11 Yes 2 No | | | | | | | | | now injury occur | 160 | |
| the the | 2 Accident investigation 3 Sulcida 6 Could not b | | | | | | Tes ZUN | | | | | |
| Director: After I in by the fune ertification | 27. Menger of Deeth 1 Neturel 5 Pending investigation 3 Sulcida 4 Homicide 28e. Dete of Injury (Month, Day Yeer) 28e. Dete of Injury (Month, Day Yeer) 28b. Time of Injury M 28c. tnjury et Work? 1 Yes 2 No 28e. Dete of Injury (Month, Day Yeer) 28e. Dete of Injury (Month, Day Yeer) 28e. Dete of Injury (Month, Day Yeer) 28e. Dete of Injury (Month, Day Yeer) 28e. Dete of Injury et Work? 1 Yes 2 No 28e. Dete of Injury occurred 28e. Dete of Injury occurred 28e. Dete of Injury occurred 28e. Dete of Injury et Work? 1 Yes 2 No 28e. Dete of Injury occurred 28e. Dete occurred 28 | | | | | | | | r Houte Number, | | | |
| To the Funeral Director: After thi completely filled in by the funeral Medical Certification: 7 | | | | | | | | | | | | |
| To the Funeral completely filled | 29a. Certifier 1 Certifying Ph | yelclan: To the bes | t of my kno | wledge, deet | h occurred | et the tin | ne, date end | plece, e | end due to the | cause(s) end ma | annar as st | eted. |
| Pletely fi | one) 2 Medical Exar | niner: On the basis end menner s | or examine steted. | tion end/or in | vestigetion | n, in my o | pinion, deat | n occurr | ed et the time | , dete end piece, | end dua to | ma causa(s) |
| W Smith | 29b. Signeture and little of certified | A | | | 29 | | e number | 7 | | 29d. Date signe | d (Month, I | Dey, Year) |
| To the Hospital or within 24 hours after To the Funeral Dirt. completely filled In Medical Cert | , 760 | / // | 1) | | 1 | 1 2 | C/ (| | | 1 - | 00 | - |

31. Date filed (Month, Dey, Year)

Registrar



State of Maryland / Department of Health and Mental Hygiene 97

16698

| | | | | | Cei | rtificate | of | Death | | | Reg. No. | - | 10000 |
|----------------------|-----|---|-------------------------------|--------------------|-----------------------|---------------|---------------|---------------|-----------|---|-------------------|------------|--|
| District in | | 1. Decedent's Neme (First, Middle, Las | st) | | | | | | | 2. Dete of De Month | eth | Vaar | 3. Time of Deeth |
| Physician /Madical | | COLLEEN RE | GLY | | | | | | | MONTH | Dey 190 | Yaar 47 | 8:31 AM |
| /Medical Examiner | - | la. Fecility Neme (If not institution, give | | ber) | | | | 4b. City, To | wn, or Lo | ocation of Death | | of Death | 7,711 |
| Examinici | ۱ | JOHNS HOPKINS B. | A1111 C | Mchi | 4 16 | - 17-0 | | Esti | Timb | ICRE | RIA | Time | DC C. T. |
| uneral | | 5. Sociel Security Number 6. S | ex 7 | . Age (In yrs. la | st birthday) | If Under 1 | Yaar | If Under | 24 Hrs. | 8. Data of Bir | | | plece (Stets or Foreign |
| ector | | 216-54-0898 | □M 2 ∑ F | 50 | Yrs. | Months | Deys | Hours | Min. | 8. Data of Bir (Month, De Nov. 20 |), Year) 1946 | Cour | yland |
| | - | 10e. State 10b. County | | 10c. City, | Town or Lo | cation | | | | | | 1 | IOd. Inside City Limits |
| rector | | Maryland N/A | | Do | 1timo | *** | | | | | | | 1 Yes 2 No |
| Director | | 10e. Street end Number | | Da | TLINO | 10f. Zip (| Code | | | | 10g. Citizen of | What Cour | ntry? |
| | | 3521 Chesterfield | 1 1 | | | | | 2121 | 2 | | | | , |
| Funeral | - | 11. Marital Stetus | 12. Wes Deced | | 13.1 | Wes Decede | ent of I | | | ecify Yas or No | | S.A. | can Indien, |
| 12 | | 1 Never Merried 21 Married | Armed Ford | es? | | f Yas, specif | y Cub | an, Mexicar | n, Puerto | ecify Yas or No Rican, etc.) | Ble | ck, White, | |
| by | | 3 ☐ Widowed 4 ☐ Divorced | If Yes, Give Yaer or Dat | ,A | | 1 □ Yes 2 | No | Specify: | | | Specif | w. Whi | to |
| | | 15. Decedent's Ed | ucation | | 16a. Dece | dent's Usual | Occur | pation | | | 16b. Kind of B | | |
| Completed | - | (Specify only highest gre | de completed) | | (Give | kind of work | done | during mos | t of work | ing | | | |
| E | | Elementary/Secondery (0-12) | College (1-4 2 yea | | | Teach | ore | Aid | | | Educati | On | |
| Ü | | 17. Fether's Nema (First, Middle, Last) | 2 / 00 | | | LCGCII | OL D | T | er's Nam | | , Meiden Sumen | | |
| Be | | Jerome | Cerma | k | | | | | eano | | | rtel] | |
| 10 | | 19e. Informent's Neme/Reletionship (7 | | | 19h Mailir | Address i | Stroot | | | | er, City or Town, | - | |
| | -1 | Ronald Lee Reely | | 4) | | | | | | | | | nd 21213 |
| To Be Completed | - | 20a. Method of Disposition | (Ilusball | | | sition (Nem | | Teru 1 | Ave. | Dete | 20c. Location | | |
| | | 1 N Buriel 2 ☐ Cramation 3 ☐ | | tate | metery, crem | natory or oth | ner pla | , | | | | | |
| once | - | 4 Donetion 5 Other (Specify | | Dular | | - | | | | 5-3-97 | Timoniu | m, M | aryland |
| once. | | 21. Signeture of Funarel Sarvice Licen | S00 | | M: | Name end | 1-V | Viedef | eld | Home | | | |
| | - | Secret 1-e | unn | - | | | | | | | , Maryla | and 2 | |
| | ı | 23a. Part1. Enter the disease, or compositions of heart feilure. List only of | one ceuse on ee | ch line. | Do not ent | er the mode | or ayı | ng, such es | cardiac | or raspiretory e | rrest, | 1 | Approximate Intervel Between Onset and Deeth |
| ian cai | 1 | Immediate Cours /Final | , | | | | | | | | | | Chaet and Deeth |
| ner | -11 | Immadiate Ceuse (Finei disaase or condition resulting in death) | θ. | EPSIS | | | | | | | | | 4 weeks |
| | 4 | outing in douting | | -1 | es e conseq | | | | | | | | |
| 를 | | | b | -45 55 | 766 | LEU | JA | _ (-A | 110 | RE | | | YEARS |
| Examiner | | Sequentially list conditions, | | Due to (or a | as e conseq | uenca of): | | | | | | | |
| 四田 | | Sequentially list conditions, if any, laeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events | c | DIAB | GTES | > | | | | | | | YEARS |
| edical | | thet initieted events resulting in deeth) Last | | Dua to (or a | | | | | | | | | |
| 18 | | | d | | | | | | | | | | |
| Physician | - | Dank III. Ohlo an all anistra | | at to a second | | | | | | net m: | | | ANGLE |
| lys! | . [| Pert II. Other algnificent conditions co | | | | | use gi | ven in Pert I | | | | | o the cause of death? |
| y Physic | | PERIPHERAL | VASC-LI | 412 Di | 56-15 | 6 | | | | 10 | Yes 2□ No | 3 Pro | bably 4 Unknown |
| 0 | | | | | | | | | | 240 14/0- | en autopsy | 24h W | ere eutopsy findings |
| Completed | | | | | | | | | | perfo | ormed? | av | eilable prior to |
| Comple | | | | | | | | | | | 1.4 | of | deeth? |
| So | | | | | | | | | | 10 | Yes 20 No | 1 | ☐ Yes 2☐ No |
| Be | | 25. Wes case referred to medical exeminer? | | | | | | 26. Plece | of Deet | h (Check only o | one) | | |
| 70 | | 1 Yes 2 No | Hospitel: 1 1 In | patient 2 E | R/Outpatien | t 3□ DOA | Ott | ner: 4□ Nu | ursing Ho | oma 5 Rasi | dence 6 □Oth | er (Specia | (5) |
| | | 27. Manner of Deeth | 28e. Dete of (Month, | | 8b. Time of Injury | 28 | c. Inju Wo | ry et rk? | T | 28d. Describe | how injury occur | red | |
| atic | | 1 Natural 5 ☐ Pending 2 ☐ Accident investigation | | | and and | М | | Yes 2□ | No | | | | |
| tific | | 3 Suicida 6 Could not be determined | 200. Place o | of Injury - At hom | e, farm, str | eet, fectory, | offica | | | 28f. Location (| Street end Numi | ber or Run | el Route Number, |
| Certification: | | | Dunding | g, Sto. (Specify) | | | | | | 0.0, 0. 70 | , 0.0.0/ | | |
| | | 29a. Certifier 1 Certifying Phy | elcien: To the b | est of my knowl | edge, deeth | occurred e | the ti | me, date en | d plece, | end due to the | ceuse(s) end m | anner es s | steted. |
| Medical Certifi | | (Check only 2 Medical Exam | Iner: On the bas end menne | is of exeminetic | n end/or inv | estigetion, I | n my c | pinion, dea | th occur | red et the time, | date end plece, | end due t | o the cause(s) |
| Z | 1 | 29b. Signature and title of certifier | | | | 29c. | Licens | e number | | | 29d. Date signe | d (Month, | Dey, Year) |
| | | 1 /st Normal C | was h | 1B R/1 | | | 96 | 00 | 2 | | Mar | 30 | 1997 |
| | | 30. Neme end/address of person who o | 1 | | | | 70 | | _ | | , 4, 1 | | |
| | 1 | JEDMIA (| mille / A | LV 1 | 1947 | C | 77 | n. | An | EN X Y | Bar | TIMO | DRE 21721 |
| 24040 | : | 31. Dete filed (Month, Dey, Year) | 32 Rer | gistrar's Signetu | 1 170 | 643 | 10 | | 7 1 0 | | 17/7 | 11 VIL | - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 |
| State gistrar | | IIIN 0 0 1007 | Colon K | widen Br | nde | | | | | | | | |
| 3.01.01 | | JUNUX 1991 | Jane Da | ~ 14001 160 | - | | | | | | | | |

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

16699 Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day **Physician** Month Vaar CARRIE LEE FISHER RIDEOUT 2.10 PM 26 MAY 1997 /Medical 4a. Facility Name (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Daath **Examiner** Union Memorial Hospital Baltimore City
If Undar 24 Hrs. 8. Data of Birth
Hours Min. 10/23/ 5. Social Sacurity Number 7. Aga (In yrs. last birthday) If Undar 1 Yaar **Funeral** Birthplaca (Stata or Foraign Country) 1□M 24□F Days 220 09 8467 83 Yrs. Director MD. Usual Rasidanca of Dacadant 10a Stata 10h County 10c. City, Town or Location 10d. Insida City Limits Director ₩ Yas 2 No 288-1 MD. N/A BALTIMORE 10e. Street and Numbar 10f. Zip Coda 10g. Citizen of What Country? must be 21201 457 OXFORD CT. ms 23a USA Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. AFRO 1 Navar Married 2 Marriad 1 ☐ Yas 2 ☐ No If Yas, Give Yaar or Datas: 1 ☐ Yes #☐ No Specify: AMERICAN 3 ∰ Widowed 4 □ Divorcad 15. Dacedant's Education (Spacify only highast grada completed) 16a. Dacedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Comp Eiamantary/Secondary (0-12) Collaga (1-4or 5+) HOME HOMEMAKER Baltimore, Maryland 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be ARTHUR SMITH Pages 1 and 2 should? nent of Health and Men ANNIE SMITH 19a. Informent's Name/Raiationship (Type, Print) 19b. Malling Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) or other tra MARION FISHER (DAUGHTER IN LAW) 3708 BOWERS AVE. BALTIMORE, MD. 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, cramatory or other place) Data 20c. Location - City or Town, Stata 1 # Burlai 2 □ Cramation 3 □ Ramoval from Stata Department of Important: If any injury or gncs. 4 ☐ Donation 5 ☐ Othar (Spacify) BUSH PARK 5/30/97 COOKSVILLE, MD. 21. Signatura of Funaral Sarvica Licansaa 22. Nama and Addrass of Facility ESTEP BROTHERS FUNERAL HOME 1300 EUTAW PL. BALTO. MD. Part 1. Exter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediata Cause (Final disaasa or condition resulting in daath) Examiner Due to (or as a consequence of): been signed by the attending physician and should be detached for use as the buriel-tran Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ② Onknown Hypertension Completed by 24b. Wara autopsy findings availabla prior to complation of causa of death? 24a. Was an autopsy Attending Physician: The law certificate 1 Yes 2 DNo 1 ☐ Yas 2 12 No 25. Was casa referred to medical Be 28. Place of Daath (Check only one) Hospital: 1 Mhpatlant 2 ER/Outpatient 3 DOA 2 Othar: 4 ☐ Nursing Homa 5 ☐ Rasidanca 8 ☐ Othar (Specify) 1 Yas 2 TNo this 27. Menner of Death Certification: 28b. Time of 28d. Dascribe how Injury occurred 28e. Data of Injury (Month, Day Year) 28c. Injury at Work? After 1 ANatural 5 Panding death. invastigation 1 ☐ Yas 2 ☐ No 2 Accident Director: 6 Could not be datarmined 3 Suicida 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) in by 4 - Homicida 24 hours aft
 Funeral Di
 Hetely filled in edical 12 Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end menner as stated. 29a, Certifiar To the Hosp within 24 hor To the Fune completely fi (Check only one) 2 Medical Examinar: On the basis of examination and/or invastigetion, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) Da. UEHA, MD AT 2438946 30. Nama and address of person who complated causa of death (Item 23a) (Type, Print) JEHA UNION MEMORIAL HOSPITAL ZEINA 31. Data filed (Month, Day, Yaar) 32. Registrar's Signature State JUN 2 ula Davidson Registrar

DHMH 16 Rev 6/95



and the second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Daath 3. Time of Death Scruggs 4b. City, Town, or Location of Death Marquerite 4a. Facility Name (If not institution, give street end number) 4c. County of Death COSI COL If Under 24 Hrs. Hours Min. MURSING apo IGNOR Home Baltimore If Under 1 Year Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age In yrs. last birthday) Months Days 1□ M 2×F 83 217-26-496 Yrs. Maryland Usual Residence of Decadent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Baltimore Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Center 21222 Race - American Indian, Black, White, etc. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 ☐ Yes 2 X No If Yes, Give Yaar or Dates: 1 Navar Marriad 2 Married Specify: While 1□ Yes 2 No Specify: 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Sears (OM. Elementery/Secondary (0-12) College (1-4or 5+) PRYPS sales 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meigen Sumeme) ZMAN 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 2509 Rd Md 21234 Baltmore Md 2123. Date J. 20c. Location - City or Town, State naries SON 20b. Place of Disposition (Neme of cametery, crematory or other pleca) May 31 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State Faith Rosedale Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility EVANS Chapel of Memories Baltimore, Md 8800 Haptord 21234 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting In death) PANCREATI TIS Due to (or es a consequença of): Due to (or es a consequence of): Due to (or as e consequence of): 23b. Did tobecco use contribute to the cause of death? 1 108 2 No 3 Probably 4 ☐ Unknown CHRONIC OBSTRUCTIVE PULMONARY 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? OSTEOPOROSIS 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3□ DOA

Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Physician/Medical 8

Physician

/Medical

Examiner

Directo

Funeral

Completed

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Director

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of of Health a ret if Nam 27 is a

Department or mportant: If

Physician /Medical

Examiner

950

signed by the el

à

Completed

Medical

27. Manner of Death

1 Natural

2 Accident

3 Suicide

29e. Certifier

4 Homicide

29b. Signatura and title of certifier

5 Pending

Investigation

6 Could not be determined

Baltimore, Maryland 2121

Division of Vital Records, P.O. Box 68760

Pages 1 and 2 should be nent of Health and Mental

Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i.

28a. Date of Injury (Month, Dey Year)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 28d. Describe how Injury occurred

1 ☐ Yes 2 ☐ No

Location (Street end Number or Rural Route Number, City or Town, Stete)

1 Cortifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number MD 029197

29d. Date signed (Month, Day, Year)

MO eted cause of death (Item 23a) (Type, Print)

Square DR. Suite 205 31. Date filed (Month, Dey, Year) 32 Registrar's Signature Julia Davidson

28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

State Registrar

To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this cartifica completaly filled in by the funeral director,

HW

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth **Physician** Month 0.5 Yvonne Sands 2:05am /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Liberty Medical Center Baltimore 5. Sociel Security Number If Under 1 Year | If Under 24 Hrs. Dete of Birth (Mopth, Dev. Year) 06-11-53 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 10 M 20FX Months Deys Hours 214-62-9694 43 Yrs. Md. Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Md ¥EYes 2□No Baltimore Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4004 Oswego Court 21215 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. 1 Never Merried 2 Merried 1 ☐ Yes 2 No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 10th Grade College (1-4or 5+) Na Nursing Assistant Kinsaw Nursing Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Marion Allen, Jr. Lee Ella Williamson 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Joseph H. Sands, Jr. 1624 Gale Road Essex, Maryland 21221 of Disposition (Name of Date 20c. Location - City or Town, State 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) 1 Burial 2 Cremetlon 3 Removel from Stete 4 Donation 5 Other (Specify) Entombment 05-31-97 Arbutus, Md. Arbutus Mem. Pk. Cem. 22. Name and Address of Fecility Baltimore, Maryland 21. Signeture of Funerel Service Licensee WM.C. March FH 1101 E. North Avenue 21202 -23a. Peri1. Enter the disease, or complications that used the eath. Point enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth immediete Cause (Finel lur 9mo · Non-Small Cell Lung disease or condition resulting in deeth) Examiner Sequentially list conditions, if eny, leading to Immediete cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): Physician/Medicai Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24a. Was an eutopsy performed? Completed 1 Yes 2 No 25. Wes cese referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☑ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28a. Date of injury (Month, Dey Year) 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of Certification: 28c. Injury et Work? 1 Naturel
2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide

P.O. Box 68760

physician and the burial-transit The law requires that the death certificate be axecuted signed by the s Division of Vital Records, or Attending Physician: ne Hospital or Attending n 24 hours after death. ne Funeral Director: Afte To the Hosp within 24 hor To the Fune completely fi

Funeral

Director

"natural", or items 23a or 28a-f show edical Examiner must be notified at

Pages 1 and 2 should be filed within 72 hours after death with in and of Health and Mental Hygiene.
Int: If Item 27 is marked other than "natural", or items 23a or inty or other traumatic event, the Medical Examinating must be not

permit. Page Department of Important: If any Injury or once.

Physician /Medical

Examiner

88 esn.

altimore, Maryland 21215-0020

the Maryland

State Registrar

Medical

29a. Certifier

(Check only one)

29b. Signature and title of certifing

30. Neme end eddress 1 page 11

600 N.

Dr. Hillard Hahm Wolfe Street Balkmare 32. Red Star & Signet Mandall

M.D. Ph.D

impleted cause of death (Item 23e) (Type, Print)

Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es steted.

| Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted.

29c. License number

D47642

29d. Date signed (Month, Dey, Year) May 28, 1997

Swin-Fermannia Toppi - 676 (

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Physician /Medical Examiner

Director

Funeral

by

Completed

1. Decedent's Name (First, Middle, Last) ISQDORA A, SMALLWOOD

1 □ M 2 💢 F

2. Dete of Deeth Month MAY 27 12.45 PM

4e. Fecility Neme (If not institution, give street end number)

HOSPITAL HARBOR

CENTER

4b. City, Town, or Location of Deeth BALTIMORE 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs.

4c. County of Deeth

Funeral Director

Baltimore, Maryland 21215-002

permit. Pages 1 end 2 should be filed within ? Department of Heelth end Mental Hygiene. Important: if item 27 is marked other than "r any injury or other traumatic event, tha Med 900.8.

Physician /Medical

Examiner

physician and the burial-transit

Box 68760,

P.O.

Records,

Division of Vital

Examiner

Physician/Medicai

Completed by

Be

Medical Certification:

Usuel Residence of Decedent 10e State MARYLAND

10b. County

10c. City, Town or Location

9. Birthplece (State or Foreign VIRGINIA

5. Social Security Number

219-16-7966

CITY

BALTIMORE

Yrs.

10d. Inside City Limits 1 X Yes 2 □ No

10e. Street end Number

2815 BOOKERT DRIVE

21225

10f. Zip Code

USA 14. Race - American Indien, Black, White, etc.

10g. Citizen of Whet Country?

1 Never Married Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Yeer or Detes:

 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No Specify:

Hours

Specify: AFRO. AMERICAN

15. Decedent's Education (Specify only highest grade completed)

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use refired)

16b. Kind of Business/Industry

Etementary/Secondary (0-12)

College (1-4or 5+)

GREAT ALTANTIC & PACIFIC TEA. CLERK

17. Fether's Neme (First, Middle, Last)

OTIS ARTIS

18. Mother's Name (First, Middle, Maiden Surname)

LUCILLE WHITE

19a. tnforment's Name/Relationship (Type, Print)

19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 2815 BOOKERT DRIVE, BALTIMORE, MARYLAND 21225

JAMES E. SMALLWOOD HUSBAND

20b. Plece of Disposition (Neme of cemetery, crematory or other pleca)

20c. Location - City or Town, Stete

20a. Method of Disposition

1 ☐XBurial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify)

GARRISON FOREST CEMETERY6/2/97 OWINGS MILLS, MARYLAND

ESTEP BROTHERS HUNERAL HOME, P.A.

1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217

Enter the disease, or complications that plused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart feture. List only one cause on each line.

MYOCARDIAL INFARCTION

Approximete Intervel Between Onset end Death

Immediate Cause (Final disease or condition resulting in death)

ARTERY DISEASE

YRS

MINUTE

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest

DIABETES

Due to (or es e consequence of)

6 YRS

Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

LUNG

CANCER

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were autopsy findings aveileble prior to completion of cause of deeth?

1 ☐ Yes 2 DNo

1 Yes 2 No

25. Was case referred to medical 1 Yes 2 No

27. Menner of Deeth 5 Pending Investigation

6 Could not be determined

28a. Dete of Injury (Month, Day Year)

Hospital: 1 Unpatient 2 ER/Outpetlent 3 DOA 28c. Injury et Work? 28b. Time of

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

26. Place of Death (Check only one)

29a. Certifier

Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

(Check only one)

1 Naturel

2 Accident

3 Suicide

4 | Homicide

1 Certifying Phystolen: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) and menner as stated. 2 Medical Exeminer: On the besis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29d. Dete signed (Month, Dey, Year)

1 ☐ Yes 2 ☐ No

29b. Signeture end title of certifier

29c. License number

Shorray - INTERN MEDICINE AS 244 1614 - 38

MAY-27- 1997

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

HOSPITAL CENTER, BALTIMORE, MO LIZY THOMAS, HARBOR

Registrar

31. Dete filed (Month, Day, Year) 2. Registrar's Signeture JUN 2

To the Hospital or Attending Physician: I within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** June MACIOCIE /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Lorien Nursing Home Columbia Howard County Hundar 24 Hrs. 8. Date of Birth (Month, Day, Year)

December 26, 1922 If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** 135-22-4289 Days 74 1 M 200F Pennsylvania Yrs. Director Usual Residence of Decedent 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show Maryland Montgomery Co. Chevy Chase 1 ☐ Yas 2 ☐ NGX Director 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? USA 20815 217 Dellview Avenue Name 23a Funeral 12. Was Decedant Evar in U,S. Armad Forces? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 13. Was Dacadant of Hispanic Orlgin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amaricen Indian, Black White atc. XIN Navar Marriad 2 Married 1 ☐ Yas 20 No Specify. white þ 3 Widowad 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacadant's Education (Spacify only highast grada completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) clerical industria1 17. Fathar's Nama (First, Middla, Last) Baltimore, Maryland 18. Mothar's Nama (First, Middla, Maidan Sumema) . Pages 1 end 2 should be to timent of Health end Mental Mant: If Item 27 is marked on Be Lewis Taylor Ruth Brown 19a. Informant's Name/Relationship (Type, Print)
Dr. Thomas Snyder/nephew 19b. Malling Address (Straet and Numbar or Rural Route Number, City or Town, State Zip Code) 838 Harrison Avenue, Scranton, PA 18510 item 27 20b. Placa of Disposition (Nama of camatary, cremetory or other place) Disposition Data 20c. Location - City or Town, Stata 2 Cramation 3 Ramova from Stata Department of important: If any injury or odce. = 8 Baltimore Washington Crematory 27MAY97 Laurel, Maryland ion 5 Quhar (Specify) Signature of Funara Service Licensaa 22. Nama and Addrass of Facility
Slack Funeral Home, P.A. M00535 Ellicott City, Maryland 21043 Par 1. Entar tha disaasa, or or implications that causad tha death. Do not antar tha mode of dying, such as cerdiac or respiratory arrast, buck, or heart feilura. List only one cause on each line. **Physician** /Medical Immediata Causa (Final discuss or condition raculting in death) Examiner The law requires that the deeth certificate be executed Sequantially list conditions, if any, laading to immadieta ceuse. Enter Underlying Causa (Disease or Injury that initiated avants rasuiting in deeth) Lest Dua to (or as a consequence of) P.O. Box 68760, Physician/Medical the Dua to (or as a consaquance of): 98 Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobecco use contribute to the cause of death? ed by 1 No 3 Probably 4 Unknown depression. Division of Vital Records. been signe should be d þ 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? Completed certificate 1 TYas 2 100 1 ☐ Yas 210 No is or Attending Physician: The safer death.

It Director: After this certificate ed in by the funeral director, pa Be 25. Was cesa rafarred to medicel axaminar? 26. Placa of Death (Chack only ona) Other: 4 Aursing Homa 5 Rasidance 6 Other (Specify) 1 Yas 2 No Medical Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Manney of Death 28a. Data of Injury (Month, Day Year) 28h Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding Invastigation 1 DNeturat 1 ☐ Yes 2 ☐ No 2 Accidant 3 Suicida 6 Could not be datermined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, ferm, streat, factory, office building, atc. (Spacify) filled in by 4 Homicida To the Hospital within 24 hours a To the Funeral Completely filled Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end piece, and dua to tha ceuse(s) end mennar es statad.

2 Medicel Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and mannar stated. 29a. Certifier 29b. Signature and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) L polished Elliwith City MD 21042 0000 31. Data filad (Month, Day, Year) State JUN 0 2 19 Registrar

DHMH 16 Rev 6/95

Top: 1997

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Daath Month Tricia aylor 1997 4a. Facility Nama (If not institution, give straat and number) 4b. City, Town, or Location of Death 4c. County of Death Mercy Hospita 6. Sax Baltimore If Under 24 Hrs. Hours Min. 5. Social Security Number ff Undar 1 Year 7. Aga (In yrs. lest birthday) 8. Dete of Birth (Month, Day, Birthplaca (Stata or Foraign Country) Months Days 1□M 2 F 183-22-8066 Yrs. New Jersey Usual Rasidanca of Decedant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Baltimore Baltimore City 1⊠ Yas 2□No 10g. Citizan of What Country? 10a. Straat and Number 10f. Zip Coda 21216 2319 Lyndhurst Avenue 12. Wes Dacadant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ②No If Yas, Giva Yaar or Detes: 11. Marital Stetus Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Raca - American Indien, Black, Whita, atc. 1 Navar Married 2 Marriad Specify: Black 1 ☐ Yas 2X No Specify: 3 Widowad 4 Divorced 16a. Decadant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Dacadant's Education (Spacify only highast greda complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4gr 5+) 12 College Secretary 17. Fether's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumame) Henry Spaulding Hatty Moore 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, State, Zip Coda) Julius Henry Taylor/husband 2319 Lyndhurst Avenue, Baltimore, Maryland 21216 20b. Place of Disposition (Nama of cematary, cramatory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stata Data 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 Donation 5 ☐ Othar (Spacify) 21. Signature of Funeral Sarvica Licansaa Ronald S 22. Nama and Addrass of Facility State Anatomy Board, 655 W. Baltimore Street Wade, Director xace Baltimore, Maryland 21201 23a. Part 1. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batw Immediete Causa (Final disaasa or condition rasulting In daath) to (or as a consequance of): equantially list conditions, any, laading to immediate ausa. Entar Undarfylng ausa (Disaasa or injury et initiated evants sulting in daath) Last Dua to (or as a consequence of): Due to (or es a conseguance of): 23b. Did tobacco use contribute to the cause of death? Crohn's Disease 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings availabla prior to completion of causa of daath? Peptic Ulcer Disease 24a. Was an eutopsy performad? 2 No 1 ☐ Yas 2 No

Physician /Medical **Examiner** To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours aftar death.

pue

Physician

/Medical

Examiner

Funeral

Director

28a-f show

Itams 23a or 28a-f shown

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and Mental Hygiena.

permit. Pages 1 end 2 s
Department of Health ar
Important: If itam 27 ia
any injury or other trau

8

Pages 1 end 2 should nent of Health and Men

traumatic event, the Medical Examiner

Funeral Director

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Completed

Be

filed within 72 hours after death with the Meryland

21215-0020

Baltimore, Maryland

aminer

burial-trensit ettanding physicien for use as the buria erai Director: After thi filled in by tha funeral Medical Certificatio

certificate

this

within 24 hours a

To the Funeral D

completely filled

Division of Vital Records, P.O. Box 68760.

| Exe | if a |
|---|----------|
| Medical | if a car |
| Physician/ | Par |
| n: To Be Completed by Physician/Medical | |
| Be | 25. |
| 2 | |
| Ë | 27. |

nt II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. Was casa rafarred to madical examinar? 26. Place of Daath (Chack only ona) Other: 4 Nursing Homa 5 Rasidanca 6 Other (Specify) 1 Inpatient 1 Yas 2 No 2 ER/Outpatient 3 DOA Manger of Death 28c. Injury at Work? 28b. Tima of 28d. Dascribe how Injury occurred 5 Pending invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicida 6 Could not be datarminad 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29a. Cartifian

Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and placa, and dua to tha cause(s) and mannar as stated.

2 Medical Examiner: On the best of axamination and/or investigation, in my opinion, daath occurred at the tima, data and place, and dua to the cause(s) and mannar stated. 29b. Signatura and title of confine 29c. Licansa number 29d. Data signed (Month, Dey, Year)

- Md.)

D39986

30. Nama and address of person who lichae

IRAJLEVINE, MD

State Registrar 31. Data filed (Month, Day, Yaar) JUN 0 2 1997

187 F. S. 11 F. 97-1996-510 B.K.S 97-090

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of M

| Maryland / | Department of Health and | Mental | Hygiene |
|------------|--------------------------|--------|---------|
| | Certificate of Death | | Don No |

Reg. No.

1997

4c. County of Death

| Physician |
|-----------|
| /Medical |
| Examiner |

1. Decedent's Nama (First, Middle, Last) UNKNOWN 97-090

APRIL 21, 4b. City, Town, or Location of Death

unknown

2. Date of Death

0400AM

10d. Inside City Limits.

1 ☐ Yes 2 ☐ No

Funeral

5. Social Security Number 1 □ M 2 T F UNKNOWN Usual Rasidence of Decedent

4a. Facility Name (If not institution, giva street and number)

UNIVERSITY HOSPITAL

10b. County

unknown

If Under 1 Year 7. Aga (In yrs. last birthday) Months Days Yrs. unknown

10c. City, Town or Location

unknown

BALTIMORE If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Hours

 Birthplace (State or Foraign Country) unknown

Director

rail, or items 23s or 28s-f shore

permit. Pages 1 and 2 should be filed within 72 hours efter death v Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23, any Injury or other traumatic event, the Madical Examinations.

Physician

/Medical

Examiner

Iclan and burial-trensit

physician s the burial

deteched

signed by t

should

page 2 s hes

director.

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in by

filled

completely

certificate

After this funeral

24 hours efter death.

within 2 To the the th

Hospital

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80 980

The law requires that the death certificate be executed

Box 68760.

P.O.

Records.

Division of Vital or Attending Physician: Examiner

Physician/Medical

by

Completed

Be

Certification: To

Medical

Baltimore, Maryland 21215-0020

the Maryland show

with

10a State unknown 10e. Street and Number

Director unknown Funeral þ

Completed

Be

unknown Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Ricen, etc.)

10f. Zip Code

unknown 14. Race - Amarican Indian, Black, White, etc.

10g. Citizen of What Country?

11. Marital Status unknown 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced

1□Yes 2□No Specify: unknown

Specify: Black

15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) unknown

College (1-4or 5+) unknown

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) unknown

16b. Kind of Business/Industry

unknown

17. Father's Name (First, Middle, Last)

unknown

18. Mother's Name (First, Middle, Meiden Surneme) unknown

19a. Informant's Name/Relationship (Type, Print)

19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

unknown

20a. Method of Disposition

unknown 20b. Place of Disposition (Name of cometery, cremetory or other place)

Date 20c. Location - City or Town, State

1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 XOther (Specify)

in state 21. Signature of Funeral Service Licensee Ronald S.

Wade Director

22. Name and Addrass of Facility

State Anatomy Board, 655 W. Baltimore Street

naus 10001 Part. Enter the disease, or complications that ceused the death. Do not enter the mode of dylng, such as cerdiac or respiratory arrest, speck, or heart failure. List only one ceuse on each line.

Baltimore, Maryland 21201

Approximate Intervel Between Onset and Death

immediete Cause (Final disease or condition resulting in death)

INTRACEREBRAL HEMATOMA

Due to (or as e consequence of)

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated avents resulting In death) Last

Due to (or as a consequence of):

Due to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy performed?

24b. Were eutopsy findings available prior to completion of cause of death?

2 No

26. Place of Deeth (Check only one)

1 □ Yes 2 □ No.

| 25. Was case | | |
|--------------|------|--|
| examiner? | | |
| .A\.Z\Yes | 2 No | |

27. Menner of Death 1 Natural 5 Pending Investigation 2 Accident

6 Could not be

28a. Data of Injury (Month, Day Year)

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Hospital: Minpatient 2 ER/Outpatient 3 DOA 28b. Time of 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

Location (Streat and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

3 ☐ Suicide

4 Homicide

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, dete and place, end due to the cause(s) and menner es steted.

25 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number 29d. Date signed (Month, Day, Yeer)

29b. Signatura and title of certifie

O.C.M.E.

APRIL 30 1997

30. Name end address of person who completed ceuse of deeth (ttem 23a) (Type, Print)

Donald G. Wright M.D.111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day, Year)
JUN 0 2 1997

State Registrar

alternation of the second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0.7

| | | | | State of Marylar | | tificate of | | | Reg. No. | | 6/06 |
|----------------------------|---|----------------|---|--|--------------------------------------|---|--|--|---------------------------------------|--------------------------------|---|
| | Physic | ian | 1. Decedent's Nama (First, Middle, La. | | | | | 2. Data of De Month | - | Veer | 3. Tima of Death |
| | /Medi | | Joan 4e. Fecility Nama (If not institution, give | Watts | | | 4h City Town o | May r Location of Deat | | | 9:45 P.M |
| | Exami | ıer | RIDGELV | | URSING | 41 | - | THORE | | N/A | |
| | Funeral Director | | 5. Social Security Number 6. S 230-ŏ3-7180 | | last birthday) Yrs. | If Undar 1 Year Months Days | If Under 24 Hr | S. 8. Dete of Bir (Month, Da MARCH | th y, Year) 7,1916 | 9. Birthpiec | SINIA |
| | and a | | Usual Rasidance of Decedant 10a. Stata 10b. County | 10c. C | ity, Town or Loc | ation | | | • | 10d. | . Insida City Limits |
| | with the Maryland a or 28s-f show Lbe notified at | to | MARVLAND N | IA | | BNI | TIMORE | CITI | | | 1X Yas 2□No |
| | or 28a-f | Directo | 10e. Streat and Number | | | 10f. Zip Coda | IFIUNC | | 10g. Citizen of W | /hat Country | 7 |
| | 23a unt b | | 1959 W. LEX | INGTON ST | REET | | 212 | 23 | 45 | A | |
| 050 | r, or flams | by Funeral | 11. Maritai Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced | 12. Was Decedent Ever in U Armed Forces? 1 Yes 2 No If Yas, Giva Year or Detas: | If | as Decedant of Mas, specify Cub ☐ Yas 2 ☑ No | | Specify Yas or No irto Rican, etc.) | - 14. Race Black Specify: | - American k, White, etc |) . |
| 100 | | per | 15. Decedent's Ed | lucation | 16a. Deceda | ant's Usuel Occup | pation | | 16b. Kind of Bus | | - |
| 2/ | HELL | ple | (Specify only highest gra | Coilega (1-4or 5+) | (Give k | ind of work done O NOT use retire | pation during most of world) | orking | | | - U-GY |
| 100 | 17 | 8 | 12+HGRADE | | NURS | ING A | SSIST | | | | HOSPITAL |
| and | o di po | Be | 17. Fether's Name (First, Middle, Last) | | | | | eme (First, Middle, | | | 1 |
| Ž | d Marke marke | 70 | EDMON D 19e. Informant's Name/Reletionship (| EPF | | Address /Street | MART | Rural Route Numb | | OHN | |
| <u>≈</u> | and 2 s saith sn n 27 is ar trau | | RENGE GRADY (| (DAUGHTER) | | | 1 | | | | 3 |
| altimore, | 一五百年 | | 20a. Mathod of Disposition | 20b. I | Plece of Dispos | ition (Name of atory or other pla | | ST. BA | 20c. Location - C | City or Town | i, State |
| Ë | Page int: If Iry or | | 1 Buriel 2 Cremation 3 4 Donation 5 Othar (Specify | Hamovai from State | 1 | CEMET | | 5-31-97 | BALTI | MARE | HARYLAND |
| alt | Department Proportant: any injury ance | | 21. Signature of Fuheral Service Licen | | 22. | Nama and Addre | ess of Facility | I TO | PUNED AL | the se | E, P.A. |
| ш | 80558 | | Marle | VID | - 3 | 140 N. | FULTON | AVE. B | ALTIHORA | TOM | 21217 |
| | | | 23a. Pert1. Ental tha disaase, or comp shock, or haart failura. List only | plications that caused the dear | th. Do not antai | r tha moda of dyl | ng, such es cardie | ec or respiratory a | rrast, | Ar | pproximate Itarval Between |
| | Physician (Madical | | immediate Cours (Final | 1 / 1 |) | / 0 | 0 | | | O | nset end Death |
| | /Medical Examiner | | immediete Ceusa (Final disaasa or condition rasulting in death) | a Metalfer | she 12 | ecteel | Cares | homa | | 1 | |
| | | ē | | Due to (d | or as a consequ | ance of): | | | | | |
| | outed ansit | Examiner | Sequentially list conditions | b. Dua to fu | or es a consequ | ance off: | | | | | |
| o, | e exectan and and and and and and and and and a | EX | Sequantially list conditions, if eny, leading to immediata cause. Entar Underlying Cause (Disease or Injury thet initiated events | 200 10 (1 | o. ••• a ooooqa | unio 01). | | | | | |
| 68760, | ficate be executed physician and st the buriel-transit | edical | thet initiated events resulting in death) Last | C. Due to (c | or es e conseque | ence of): | | | | | |
| | | | | d | | | | | | | |
| Box | eath certii attending for use e | Physician/M | | | -111 | | | | | | |
| P.O. | t the d | hysi | Part II. Other algnificant conditions co | ontributing to death but not res | suiting in the unc | darlying causa gi | ven in Part I. | | | | ne cause of death? |
| ۳, | s thet | by P | and treb | renove la | tallo | ris | | . 10 | Yes 2□No | 3 Probab | bly 4 Daknown |
| Division of Vital Records, | Attending Physician: The law requires thet the death certist of seals. schor: After this certificate has been signed by the attending by the funerel director, page 2 should be detached for use e | Completed b | Hyperteer | 57 | | | | | an autopsy rmed? | availa | autopsy findings abla prior to eletion of cause ath? |
| æ | The la | E | | | | | | 10 | ras 2000 | 1 🗆 Y | ′as 2□ No |
| /ita | ilclen: The lav certificate hes irector, pege 2 | Be | 25. Was casa rafarred to medical examinar? | | | | 26. Place of De | eth (Check only o | one) | | |
| 5 | hysic this or | 2 | 1 Yas 2 No | | ER/Outpatient | 3LI DOA | | Homa 5 ☐ Resid | | | |
| u | Ing P | Certification: | 27. Manner of Death 1 ☐Natural 5 ☐ Panding | 28a. Data of Injury (Month, Day Year) | 28b. Time of Injury | 28c. Injui Woo | | 28d. Describe i | now Injury occurre | d | |
| Sign | death ctor: y the | Ilcat | 2 Accident Invastigation 3 Suicide 6 Could not be | | ome farm stree | | Yas 2 No | 28f Location (| Street and Numbe | or or Rural R | loute Number |
| Dis | after after Directory | ert | 4 ☐ Homicida datarminad | building, etc. (Specif | (y) | at, ractory, office | | City or Tox | vn, State) | 7 01 710/07/1 | oute Humber, |
| | To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page | edical C | 29a. Cartifiar (Check only one) 1 Certifying Phy 2 Madicat Exam | ysician: To the bast of my kno liner: On the basis of axamina and mannar stated. | owladga, daath o tion and/or Inva | occurred at tha tirestigation, in my o | ma, data and place opinion, daath occ | e, and dua to tha curred at tha tima, | causa(s) and mar data and place, a | nnar as state nd dua to the | ed. a cause(s) |
| | To the withir To the comp | Me | 29b. Signature end this of certifiar | | | 29c. Licens | se number | | 29d. Date signed | (Month, Day | y, Year) |
| | | | A hilash he | Cumpo | | 101 | 3667 | | 5721 | 1/0 | |
| | 2 | | 30. Nama and addrass of person who o | completed cause of death (Iter | n 23a) (Typa, P | rint) | | 4 | 1 | 11)/ | |
| | diam'r. | | Richael Jelina | | Harn | nt la | u B | selfo, T | 9515 | -25 | * |
| | Sta Registr | re l | 31. Dete filad (Month, Day, Year) JUN 0 2 1997 | 32-Registrar's Signs | ndelle | | | | | | |

DHMH 16 Rev 6/95

Service of the servic

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First Middle Last) 2. Data of Daath 3. Time of Death Month **Physician** NMI, WHYE 0340 AM PHYLLIS 05 /Medical 4a. Facility Nama (If not institution, give streat and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner University Hospital Baltimore None Months Days Hours Min. Oct. 21, 1957 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** 1□M 24 F 39 Vrs 216-68-7034 Director Maryland Usuai Rasidanca of Decedant show 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examiner must be notified at 1 Yas 2 No Director Maryland None Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 7911 Crisford Pl. Apt. E 21208 Funeral USA permit. Peges 1 and 2 should be filed within 72 hours effer deat Department of Health end Mental Hygiene. Important: if Item 27 is marked other there eny injury or other traumers. 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ⑤ No If Yas, Giva Yaar or Datas: 11 Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - Amaricen Indian, Black, White, atc. 1 Navar Married 2 Marriad 1 Yas 2 No Specify: by 3 ☐ Widowad 4 ☐ Divorced Specify: **Black** Completed 15. Dacedant's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collaga (1-4or 5+) 12 Clerk Retail 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meiden Sumama) Be Lambert Walter Whye Margaret 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Carolyn Grant / Sister 7911 Crisford Pl. Apt. E Baltimore, Md. 21208 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cremetory or other place) 20c. Location - City or Town, Stata Data 1 Burial 2 Cramation 3 Ramoval from State 4 ☐ Donation 5 ☐ Other (Spacify) Landsdowne, Maryland 22. Nama and Addrass of Facility
The Derrick C. Jones Funeral Home 21. Signatura of Funaral Service Licensas 4611 Park Heights Ave. Balto., Md. 23a. Part1. Entar tha disaasa, or complications to ceusad tha daath. Do not antar tha moda of dying, such as cerdiac or raspiratory arrast, shock, or haart failura. List only ona cause or aach lina. Approximata Intarval Batween Onsat and Deeth **Physician** Immediata Causa (Final disaasa or condition resulting In daath) /Medical . METASTATIC ADENOCARCINOMA OF THE ZUNIG Examiner Dua to (or as a consequence of): Examiner or Attending Physician: The law requires that the deeth certificate be executed Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaasa or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of): physiclen s the buriel Box 68760 Physician/Medical Dua to (or as a consaquance of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown AIDS þ 24b. Wara autopsy findings available prior to complation of causa of death? Completed 24a. Wes en autopsy performed? 2 2 No certificate 1 Yas 1 ☐ Yas 2 No 25. Was cesa rafarrad to medical axaminar? Be 26. Placa of Death (Check only one) Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) 1 Yas 2 No 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To After this 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding Invastigation 1 Natural death. 2 Accidant 1 ☐ Yas 2 ☐ No after death Director: 6 Could not be determined 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, streat, factory, offica building, etc. (Spacify) 4 Homicida 24 hours a 1 Certifying Physician: To the best of my knowledga, daath occurred at the time, date and place, and dua to the causa(s) and menner as stated.
2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, daath occurred at the time, date and place, and dua to the cause(s) and perman stated. edicai 29a. Certifier (Check only one) within 2 29b. Signature and 1/19 of certifie 29c. Licansa number 29d. Data signed (Month, Day, Year) 2 30. Nama and address of person who complated ceusa of death (Itam 23a) (Type, Print) ST, BAUTIMORE 22 5- GREENE 31. Data filed (Month, Day, Year) State Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** EYA 40 PM 1997 MAY /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Stella MAris Timonium BAltmort If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (Stete or Foreign
 Country) **Funeral** Months Deys 1 M 2 F BLo Yrs. 05 9035 Director ennsy vania Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. inside City Limits Baltimors Parkville 1 ☐ Yes 2 Z No Director MARY / AMO 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Hill 1915 HAVEY 21234 USA Funeral therma. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 14. Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ò 1□ Yes 2☑ No Specify: à 3 DWidowed 4 □ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) be filed within 72 h al Hygiene. I other than "natu the Medical 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Textile Winder 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Surname) Pages 1 and 2 should be fit ment of Health and Mental H tant: If them 27 is marked off jury or other traumatic even Be John SALANCE IIMKO 2 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) londrick 1915 HAYEr $H_{i}H_{i}$ Baltimore 21234 Doris MD 20b. Piece of Disposition (Neme of 20e. Method of Disposition Dete 20c. Location - City or Town, State important: If it any injury or o once. cemetery, cremetory or other piece 1 Burial 2 ☐ Cremetion 3 ☐ Removel from Stete JUNE Edwardsville, tennsylvania Byzantine lemetry 4 □ Donetion 5 □ Other (Specify) 2 1997 22. Name and Address of Fecility EVANS 21. Signature of Funeral Service Licansee chapel of 8800 HArtord Ballmort MD 21234 Approximete Intervel Between Onset end Deeth 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** Immediete Ceuse (Final disease or condition resulting In deeth) /Medical In Farction My okardia Examiner Due to (or es e consequenca of): Physician/Medical Examiner that the death certificete be executed hysician end the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760, Due to (or as e consequence of): 98 use Pert it. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No Heart Failure by Records. The law requires Completed 24a. Wes en eutopsy 24b. Were autopsy findings eveileble prior to completion of cause of deeth? pege 2 1 Yes 2 No 1 ☐ Yes 2000 Division of Vital or Attending Physician: funeral director, 25. Was case referred to medical examiner? Certification: To Be 26. Plece of Deeth (Check only one) Other: Nursing Home 5 | Residence 6 | Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No After this 27. Menger of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 2 Accident 5 Pending investigation 24 hours efter death. 1 Yes 2 No 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide Hospital 29a. Certifier 1 Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) end menner es steted completely (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. within 2 29b. Signeture end title of certifie 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

State Registrar

Stromberg M.D. Registrar's Signature

7505

Osler Drive

665.1

13-2

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Death Month LAURA STIKE 3;18 PM ALMA 4b. City, Town, or Location of Saath 23 1997 4c. County of Deeth 4e. Fecility Name (If not institution, giva straat and number) 5. Social Security Number GENERAL HOSPITAL HARFORD DOIDURA 9. Birthplace (Stata or Foraign Country) 6. Sex 7. Age (In yrs. last birthday) Months 1 □ M 289 F d8 Pd dd Yrs. Usual Rasidanca of Dacedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limifs 1 ☐ Yas 2 No HARFORD Bal RiR MARYLAND 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? VAL OAK DRIVE U.S.A 120 AP 21012 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, afc.) 14. Reca - American Indien, Bleck, Whita, etc. 11. Marital Status 1 Yes 22 No If Yas, Giva Yaar or Datas: 1 Navar Marriad 2 Married 1 ☐ Yas 2X No Specify: 3 ☐ Widowed 4 ☐ Divorced TIHEN 15. Decedent's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratirad) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Coilega (1-4or 5+) 12785 2 MOHTA 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) GRAHAM KOBERTA 2AMOH T DAVIS 19b. Mailing Addrass (Straet and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 31015 19a. Informant's Name/Ralationship (Type, Print) KOYALOAKDRIVE BULFIR MARYLAND RUSSUL A LUSTITE 120 APT. A. 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, State 20a. Mathod of Disposition Data 10/0/ USA 3 1 Burial 2 ☐ Cremation 3 ☐ Ramovai from Stata 4 ☐ Donetion 5 ☐ Othar (Spacity) MARKY, 42 22. Nama and Addrass of Facility EVANS FUNCAL WHAPEL 21. Signature of Funaral Sarvice Licensee Bal AiR 3 NewPORT ORIVE FORST YU 23e. Part1. Enter the disease, or complications the caused the death. Do not anter the mode of dying, such es cardiac or respiratory arrest, shock, or haert failure. List only one cause on each line. Approximete Intarvai Batwaan Onsef end Deeth fmmediata Causa (Final 6 hours disease or condition rasulting in daath) Sequentially list conditions, if any, laading to immadiate cause. Enter Underlying Ceusa (Disaasa or Injury that initiated events rasulting in death) Last Dua to (or as a consequence of): Due to (or es a consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wara autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? 26. Placa of Death (Check only ona)

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-f ehow

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Hems

permit. Pages 1 and 2 should be filed within 72 hours eftar d
Department of Health and Mental Hygiena.
Important: If Item 27 Is marked other than "natural", or item
any injury or other traumatic event, the Medical Examinations.

Baltimore, Maryland 21215-0020

Directo

Funeral

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Completed

traumatic event, the Medical Examiner must be notified at

Physician/Medical Examiner attending physician end for use es the burial-transit Completed Be Medical Certification: To

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The law requires that the daath certificate be executed detached signed by the page 2 s director, funerai death. No. aftar ò • Funeral Di

Records,

Division of

-aura A. White

me:

State Registrar 25. Was case raferred to medical axaminar?

1 ☐ Yes 2√ No 27. Mannar of Death 1 Natural

29a. Certifiar

(Check only one)

2 Accidant 3 Suicida 4 - Homicida

6 Could not be determined

5 Panding Invastigation

28e. Date of Injury (Month, Day Year) 28b. Tima of

28a. Placa of Injury - At homa, farm, straaf, factory, offica building, atc. (Specify)

Hospital: 1 ☐ Inpatient 2 ER/Outpatient 3 ☐ DOA Othar: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) 28c. Injury at Work?

1 ☐ Yas 2 ☐ No

28f. Location (Streat and Number or Rural Routa Number, City or Town, State) 1 Certifying Phyaician: To the best of my knowledge, death occurred at tha tima, data and place, and due to the cause(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated.

Bil Air Muryland 21014

28d. Dascribe how injury occurred

29d. Date signed (Month, Day, Year)

30. Nama and address of person who compi ed causa of death (Itam 23a) (Type, Print) (0/1

31. Data filed (Month, Day, Year)
JUN 0 2 1997

DHMH 16 Rav 6/95

To the Hosp within 24 hor To the Fune complataly fi

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| | | | Certificate | e of Death | | Reg. No. | 9 1 | 16/11 | |
|--|--|---|---|---|---|--|---|---|--|
| Physician | 1. Decedent's Nema (First, Middle, L Lloyd Josey | | | | 2. Dete of Dec | Day | Vaar | 3. Time of Deeth | |
| /Medical Examiner | 4e. Facility Name (If not institution, g 623 Braeside Rd | iva street and number) | | 4b. City, Town, or t Baltimor | | | of Death Baltin | | |
| uneral rector | 5. Sociel Sacurity Number 6. 215 27 0660 Usuei Residence of Decedent | Sex 7. Aga (in yr 8 | s. last birthday) If Undar Months Yrs. | 1 Year if Under 24 Hrs Days Hours Min | | , Year) , 1989 | 9. Birthplac Country Geor | ce (Stete or Fora gia | |
| notified at rector | 10a. Stete 10b. County Maryland Balti | | City, Town or Location | Baltimore | | 1 | 10d | I. inside City Lim | |
| Funeral Director | 10e. Street end Number 623 Braeside Rd | • | 10f. Zip | 21229 | | 10g. Citizen of Unite | Whet Counfry d Stat | | |
| p P | 11. Marital Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced | 12. Was Decedent Evar in Armed Forcas? 1 ☐ Yes 2 No if Yes, Give Yaar or Dates: | | ant of Hispenic Origin? (sify Cuban, Mexicen, Puer | Specify Yes or No- rto Rican, atc.) | 14. Rad Ble Specif | e - Amarican ck, White, etc y: W | | |
| t, the Medical to Completed | 15. Decedent's (Specify only highast g | | 16a. Decedent's Usue (Give kind of wor | l Occupation k done during most of wo e retired) | orking | 16b. Kind of B | usiness/Indu | stry | |
| omp | Elementery/Secondary (0-12) | College (1-4or 5+) | n/ | | | n/a | | | |
| Be | 17. Father's Neme (First, Middle, Las Richard Jo | oseph We | 18. Mother's Nama (First, Middle, Meiden Surneme) Patricia S. Skryja | | | | | | |
| them 27 is marks other traumatic To | 19a. informent's Neme/Relationship Patricia S. Skry | /ja-West/Mothe | r 623 Braes | ide Rd., Ba | | ober, City or Town, State, Zip Code) , MD 21229 | | | |
| Important: If then any Injury or oth once. | 20a. Method of Disposition 1 Burlai 2 Tremetion 3 4 Donetion 5 Other (Special Control of the C | Themoval nom State | Pleca of Disposition (Nem cemetery, cremetory or of ceen Mount Cr | ther piece) rematory 6/ | Dete 2/97 | 20c. Location - Ba1 | city or Towr | | |
| any inj | 21. Signature of Funeral Service Lio | Hungun | CAFA St | Addrass of Facility ephen D. Lo een Pasture | hrmann P | .A. altimor | e, MD | 21286 | |
| prystoan end s the buriel-transit adical Examiner | Immediate Ceuse (Finel disease or condition resulting In deeth) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events | Due to | stem Gliss (or es e consequence of): (or es e consequence of): | ma | | | | Onset and Deeth | |
| a Z | that initiated events rasulting in deeth) Last Part ii. Other significant conditions | d | (or as e consequanca of): | ause given in Part I. | | | | he cause of dea bly 4 □ Unkn | |
| care has been signed by the arean page 2 should be detached for use Completed by Physician/A | | | | | 24e. Was perfo | an autopsy med? | availe | e eutopsy finding abla prior to pletion of causa eath? | |
| Paga | | | | | × | /as 2□No | UK) | Yes 2□ No | |
| certificate hes rector, page 2 Be Comp | 25. Was cese referred to medical examiner? | Hospital: | | Other | eth (Check only o | | | | |
| eral dire | 1 Yes 2 No 27. Menner of Deeth | 28e. Dete of Injury (Month, Dey Year) | TET IT PATIENT 2 LE L'AVOIL PATIENT 3 L'ON | | | sidence 6 Other (Specify) show injury occurred | | | |
| To the Funeral Director: After this certificate has completely filled in by the funeral director, paga 2 Medical Certification: To Be Comp | 1 Naturel 5 Pending 2 Accident investigation 3 Suicide 6 Could not determine | be on Bloom Allain | home, farm, street, factory | M 1 ☐ Yes 2 ☐ No ne, farm, street, factory, office 28f. Location | | | ion (Street and Number or Rural Routa Number, r Town, State) | | |
| the Funeral Displaying the integral Certain Ce | 29a. Certifier 1X Certifying P | hysician: To the best of my kr miner: On the basis of examin | nowledge deeth occurred | at the time, date end piec | e and due to the | Cauca/c) and m | enner as stet | ed. | |
| - S S | one) 29b. Signeture end title of certifier | and menner steted. | | License number | | | | | |
| \$ B | 200. SIGNOLUNG BING LILLE OF COLLINS | | | | 199d. Date signed (Month, Day, Year) May 30, 1997 1914, Baltimon MO 2/12 | | | | |
| Comp | 30. Name end address of person who | n Veurology | Resident | res 000 | 1 | may 3 | 0,14 | 97 | |

DHMH 16 Rev 6/95

VELDA ACKER State of Maryland / Department of Health and Mental Hygiene Items: 23part I,27 per MEO G-748 6 Getificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3 Time of Death Month **Physician** ELDER 1997 10:38AM 26, MAY /Medical 4e. Fecility Neme (If not institution, give street end number)

LIBERTY MEDICAL CENTER E.R. 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BALTIMORE If Under 1 Year If Under 24 Hrs. 9. Birthplece (State or Foreign Country) 6. Sex 7. Age (In yrs. lest birthday) **Funeral** 1□M 20 F 213-76-6621 Deys Hours 37 Yrs. Director Usual Residence of Decedent with the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner rount be notified at MD BALTIMORE 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? or items 23a or 1834 WESTWOOD AVE. 21217 U.S. Funeral 12. Was Decadent Ever In U,S. Armed Forces? 1 ☐ Yes 275No If Yes, Give/ Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours after 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: BLK by 3 ☐ Widowed 4 ☐ Divorced permit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", any Injury or other traumetic event, tra Hesical Example. Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) EDUCATION FOOD SERVICE 12 -0-17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be ERNEST HAW KINS 19a. Informent's Neme/Relationship (Type, Print)

LINES Smith (SistER) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) WELORES Smuth 2104 CLOVILLE AVE. BALTIMORE, MD 21214 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 1 Buriel 2 Cremetion 3 Removel from State 5/31/97 ING MEM. PK. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility E, L. PHILLIPS FUNERAL HOME 21. Signeture of Funerel Service Licensee 1721-27 N. MONROE ST. BALTIS, MD. 21217 Deell CFSP 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) CHRONIC OSBTRUCTIVE PULMONARY DISEASE Examiner Due to (or es e consequence of) Physician/Medical Examiner sician and burial-transit res that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequença of) P.O. Box 68760, ettending physician for use as the buna Due to (or es e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by ti 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Records, þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? 1 Yes 2 □ No 1 Yes 2 No Vital Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) To the Hospital or Attending Physical within 24 hours after death.

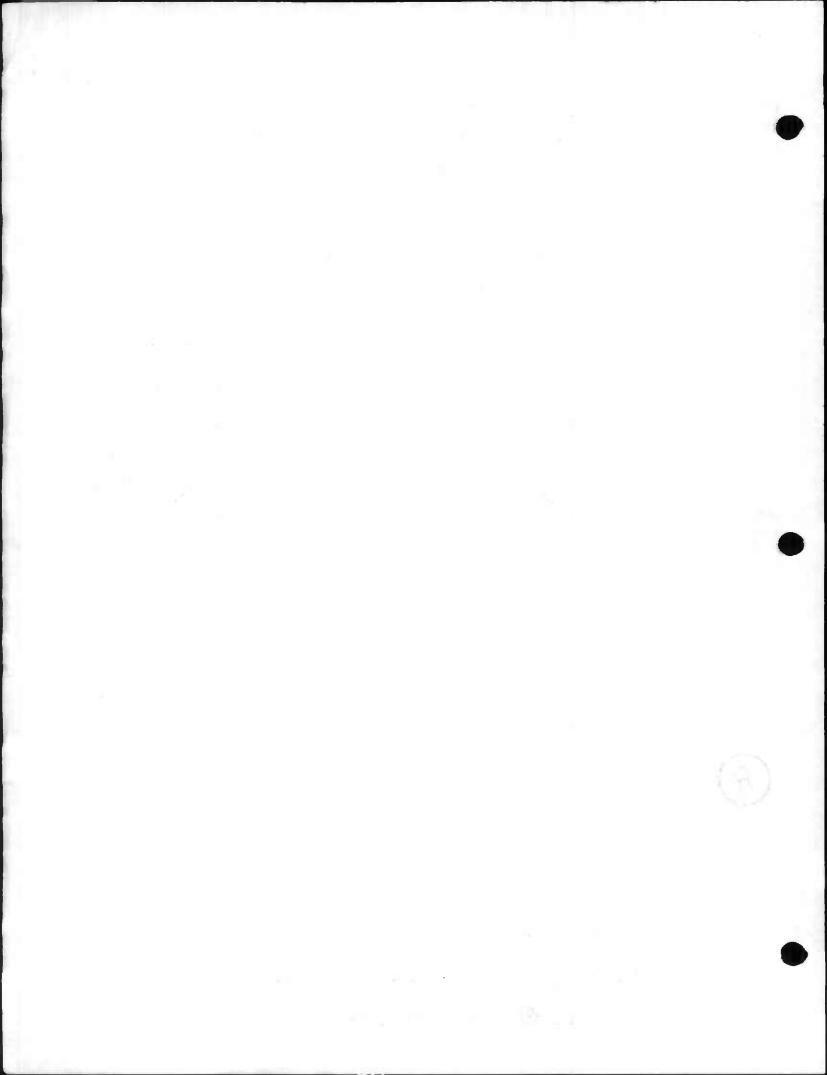
To the Funeral Director: After this completely filled in by the funeral director. 10 XXYes 2 No Division of Certification: 27. Menner of Deeth 28e. Date of Injury (Month, Dev Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? X X Netural 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide edicai 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.

XXMedical Exeminer: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end pleca, end due to the ceuse(s) end menner stated. 29a. Certifier 29b. Signeture and title of Certifler 29c. License number 29d. Date signed (Month, Day, Yeer) O.C.M.E MAY 27, 1997 30. Name and a or purson who completed cause of deeth (Item 23e) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Dey, Yeer) 32. Registrer's Signeture State

Julia Savidson-Randell

JUN 0 3 1997

Registrar



State of Maryland / Department of Health and Mental Hygiene 97 | 67 | 2

| be filed within 72 hours effer deeth witel Hygiene. d other than "natural", or thems 23e event, the Medical Examines must | Completed by Funeral Director | Usuel Residence of Decedent 10e. Stete 10b. County Maryland Balt 10e. Street and Number 200 First A 11. Marital Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced | L. Ab: e street end number) ommons Nu iex 2% F 7. Age imore | 76 Yrs. 10c. City, Town or I | Months De | | 2. Dete of Dee Month May Location of Death Ville | 30 19 4c. County Ba 1 | of Deeth timor 9. Birthplece Country) | e (Stete or Foreign | | | | | | | | | | | | |
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| be filed withir tel Hygiene. d other then event, tre M | | (Specify only highest gre | ducation de com <i>pleted</i>) | 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) | | | | 16b. Kind of Bu | usiness/Indust | ry | | | | | | | | | | | | |
| tiel H d out | | Elementary/Secondery (0-12) | College (1-4or 5- | +) | Nurse | tired) | | Muroi | na Ua | | | | | | | | | | | | | |
| Aentel Aentel rked o | A) | 17. Father's Name (First, Middle, Last) | | | Nurse | 18. Mother's Nar | ne (First, Middle, | | ng Ho | me | | | | | | | | | | | | |
| 0 - 6 6 | To Be | Franklin D. | | | | 1 | aret Sh | | | | | | | | | | | | | | | |
| nd 2 a | | | | 19e. Informent's Name/Reletionship (Type, Print) Robert Abremski/Son 19b. Mailing Address (Street end Number or Rural Route Number, City 8310 Sunnyview Dr. Millersy | | | | | | | | | | | | | | | | | | |
| Peges ment of ant: If it | | 1 Burial 2 Cremetion 3 Bemoval from State | | | | | | | City or Town, | | | | | | | | | | | | | |
| Departit Departit Importu any Inju | | 21. Sharpen Fiberal Service Licensee 22. Name end Address of Fecility Ambrose Funeral Lansdowne 2719 Hammonds Ferry | | | | | | | | | | | | | | | | | | | | |
| ling physicia | | Medical Examiner | | | | Immediate Ceuse (Final disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest | b. CE | Due to (or es e conse | equence of): VASC equence of): CLC CLC CLC CLC CLC CLC CLC C | WFARC- | | - | m | | | | | | | | | |
| he ettend he for us | Physician | Pert II. Other significant conditions or | given In Pert I. | 23b. Did tobacco use contribute to the causa of | | | causa of death? | | | | | | | | | | | | | | | |
| that the de ned by the detached | þ | | | | | | 101 | res 21 No | 3 Probabl | ly 4 Unknow | | | | | | | | | | | | |
| | | | | | | | | | ρ | | | Completed by | | | | | | | | 24e. Wes o | en eutopsy med? | eveilab |
| The lew ate has b | E | | | | | | 1 □ Y | es 2 0 10 | 1 □ Y€ | es 2 No | | | | | | | | | | | | |
| certificate rector, pa | Be | 25. Wes case referred to medical exeminer? | | | | - | th (Check only or | ne) | | | | | | | | | | | | | | |
| hy his | 0 | TE TOS ZILINO | Hospital: 1 ☐ Inpatier | | ent 3LI DOA | | ome 5 Resid | | | | | | | | | | | | | | | |
| Attending P or death. ector: After by the funer | Certification: | 27. Manner of Deeth 1 Death | | | | Injury et Work? 28d. Describe how Injury occurred 1 Yes 2 No | | | ed | | | | | | | | | | | | | |
| tal or Attend is after death al Director: / ed in by the i | Certiff | 3 Suicide 6 Could not be 4 Homlcide determined | not be nined 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (5 City or Tow | | | | | | (Street end Number or Rurel Route Number, own, State) | | | | | | | | | | | | | |
| Hospi 4 hou Funer tely fill | edicai | 29e. Certifier (Check only one) | yeiclan: To the best of ninar: On the basis of end manner stat | examinetion end/or li | th occurred et the nvestigation, in m | e time, dete end pleca by opinion, death occu | , end due to the o | ceuse(s) and me date end place, o | enner es steted end due to the | d. cause(s) | | | | | | | | | | | | |
| vithin 2 To the comple | Me | 29b. Signature end title of certifier | K | | 29c. Lic | ense number | | 29d. Date signed | d (Month, Dey | , Year) | | | | | | | | | | | | |
| | | Athu | My | | D | 23530 | | 5-30 | -97 | | | | | | | | | | | | | |
| | | 30. Name and address of person who of ASHOKK | completed cause of de | | , Print) 3927 | Anna | PALIS | | | | | | | | | | | | | | | |
| State Registra | | | | | - 1 | | | | | 101 | | | | | | | | | | | | |

DHMH 16 Rav 6/95

Note note See pro-

State of Maryland / Department of Health and Mental Hygiene 97 | 67 | 3

| | | | | | | Certifi | cate of | Death | | Reg. No |). | L X | |
|---|------------------|---|----------------------|-----------------------------------|---|-------------|---------------|--|--|--------------------------|----------------------------|-----------------------|--|
| | | 1. Decedent's Name (First, Mid | dle, Last) | | | | | | 2. Dete of I | | | /eer | 3. Time of Deeth |
| Physi /Med | | MARIE | | | Month | ما ما | Dey Y | | 11:40 P.M | | | | |
| Exam | | 4e. Fecility Neme (If not Instituti | ANDER | | | | | 4b. City, Town, o | | ath 4c | . County of | Deeth | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | Prince Georg | ges Hospi | ice C | enter | | | Cheverl | J | н | yttsv | 1110 | |
| Funera | al | 5. Social Security Number | 6. Sex | 7. Ag | e (In yrs. lest birth | | Under 1 Yea | r If Under 24 Hr | s. 8. Dete of 8 | Birth | 8 | | ece (Stete or Foreign try) |
| Directo | | 578-07-8338 | 1□ M 2💂 | F | 92 Y | rs. | mins Deys | S Hours IVIII | April | | | | |
| pu » | | Usual Residence of Decedent 10e. Stete 10b. Coun | h., | | 40a City Tarre | | _ | | - | | | - | |
| filed within 72 hours efter death with the Maryland Hygiena. ther than "natural", or items 23a or 28a-f show ont, the Medical Examiner must be notified at | 2 | | ttsville | | 10c. City, Town | | n | | | | | 10 | od. Inside City Limits 1 ☐ Yes 3 ☐ No |
| he N | Funeral Director | 40- 01111 | | | 0.10101 | | | | | | | | |
| Nith Do | 2 | 10e. Street end Number | | | | 10 | Of. Zip Code | _ | | | tizen of Wh | et Count | try? |
| s 23 | era | 2900 Mercy La | - | Dana tant | 5i- 11.0 | 40 100 - 1 | 2078 | | 0 " " | 1 | S.A. | A 1 | |
| er de | S | 11. Maritel Status | Arme | d Forces? | unknown | If Yes | s, specify Cu | Hispenic Origin? (ben, Mexican, Pue | specify Yes or I | VO- | 14. Raca - Black, | White, | |
| rs of | by F | 1 Never Married 2 Ma 3 Widowed 4 Divorce | If Yes | res 2 □ l s, Give or Dates: | NO | 1 🗆 Y | res 25√ No | Specify: | | | Specify: 1 | Whit | e |
| hour | 8 | | ant's Education | OI Dates. | 160 0 | lacadant's | Usuel Occi | ination | | 16b K | Ind of Bush | nose/Ind | lunder |
| in 72 | Completed | (Specify only high | est grede comple | | | Give kind | of work don | e during most of w | orking | 100. 1 | and or busi | 11622/1110 | lustry |
| filed withi Hygiena. other than | E | Elamantary/Secondary (0-12) Cotlaga (1-4or 5+) unknown unknown | | | 5+) | unknown | | | | un | known | | |
| be filed tal Hyg d other | | 17. Fether's Neme (First, Middle | | IOWII | | Ų | IIIKIIOW | | eme (First, Mida | | |) | |
| od is | To Be | unknown | | | | | | unkı | nown | | • | | |
| th end Mantal 7 is marked o | F | 19e. Informent's Neme/Ralation | nship (Type, Print) |) | 19b. N | Mailing Ad | Idrass (Strae | et end Number or I | | ber. City | or Town St | tate Zio | Code) |
| | | | | | | | | | | | | | |
| ーエミヤ | | 20a. Method of Disposition | | | 20b. Piece of D | Disposition | (Neme of | | Dete | | ocation - Ci | | |
| nt: If it | | 1 ☐ Burlei 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Cother (| | | | cremetor | y or other pl | e <i>ce)</i> | | | | | |
| | | 21. Signature of Funerel Service | | Deace | | 22. Ner | ne end Add | ress of Fecility | | | | | |
| Depenting any injury | | Ronal | | e/ Di | rector | | | ress of Fecility Atomy Boa | | | Baltir | nore | Street |
| | | 23a. Part1. Entar the disease, | 1010 | W | all . | | | , Maryla | | | | | |
| | | ock, or heert failure. Lie | st only one ceuse | on each li | na. | t enter the | e mode or dy | ring, such es cardi | ec or respiretory | errest, | | ŀ | Approximete Intervel Between Onset end Deeth |
| hysicia: /Medica | _ | Immediete Ceuse (Finel | | ~ | 1. | | | | | | | | Onsot and Death |
| xamine | | disease or condition resulting in death) | θ. | 201 | Ticeni | A | | | | | | | DBU |
| | - | | |), " | Due to (or es e co | nsequenc | ea of): | | | | | | * |
| nsit | 듩 | | b | rec | mi | | 5 | | | | | | روالا |
| al-tra | Examine | Sequentially list conditions, if eny, leeding to immediate | | | Due to (or es e co | nsequenc | e of): | | | | | | |
| ettending physician and for use as the burial-transit | | | | | | | | | | | | | |
| phy s th | Medical | resulting in deeth) Lest | | | Due to (or es e cor | nsequenc | a of): | | | | | | |
| nding use g | | | d | | | | | | | | | | |
| d for | Physician | Port II. Other nimifleant con di | form annially disc. | to don't be | | | tan areas | tore to Deat | ant Di | 44-6 | | ** * * * * * | |
| ed by the e | hys | Pert II. Other significent condit | ions contributing t | to death bi | ut not rasulting in t | ne unden | ying cause g | iven in Peπ I. | | | | | the cause of death? |
| signed t | by P | | | | | | | | . 1 | Yes 2 | I No 3 | □ Prob | ably 45 Unknown |
| een signed by the etter | | | | | | | | | | es en euto | psy | | re eutopsy findings |
| -D 63 | ete | | | | | | | | | formed? | | eve | ileble prior to |
| ate has page 2 | Completed | | | | | | | | | | | - | leeth? |
| certificate rector, pag | | 05 144 | | | | | | | | Yes 2 | □No | 1 🗆 | Yes 2□ No |
| is certific director, | Be | 25. Wes case referred to medic exeminer? | Hospital: | 10 | | H-I | 0 | 26. Place of De | eth (Check only | one) | | | |
| . en TO | -T | 1 Yes 2 No | 1 | Inpatie | | | L DOA | 4 Li Nursing | Home 5□Ra | | | |) |
| After | Certification: | 1 Naturel 5 ☐ Pend | ing (A | ate of Injui Wonth, Day | ry Year) 28b. Tin Inju | iry | 28c. Inju | | 28d. Dascrib | e now inju | ry occurred | | |
| aftar death. Director: After din by the fune | cat | 2 Accident Inves 3 Suicide 6 Could | tigetion I not be | dana of late | | N | | Yes 2 No | OOK Leasting | /044 | | | |
| 世界三 | ŧ | 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and No City or Town, Stete) | | | | | | | | or Hurai | Houte Number, | | |
| Pral | | 29a. Certifiar Certifivi | Dhysleles Te | the best of | 4 | | | | | | | , | |
| within 24 hours after of To the Funeral Direct completely filled in by | edicai | (Check only one) | i Examiner: On th | 10 basis of | of my knowledge, d exemination and/o | or investig | etion, in my | ima, deta end pled opinion, daeth occ | a, end dua to the urred et the time | a ceuse(s e, data and |) end mann d pleca, and | ar as sta d due to | ated. tha cause(s) |
| within 24 hours fo the Funeral | Mec | 29b. Signature and title of confi | O end ii | nenner sta | | - | | se number | | | te signed (i | | |
| 3 - 8 | | | X | ~~ | _ | - | 777 | 776 | | 6 | LJ Usingila | 9 |) |
| | | 00/1 | / | O | | | 7) | 6601 | |) | 7 | - 1 | / |
| | | 30 Neme and eddrese of person | who completed o | cause of de | eeth (Item 23a) (Ty | (pe, Print) | IA. | siligar | 00 1 | n 1 | | | 2506 |
| | | 21 Date filed (March 2) | · Lexy | en p | 10 OV | 100 | ALMY | 2011/2013 | 14 | MM | run | رسا | (0)00 |
| | tate | 31. Dete fited (Month, Dey, Year | guite De | W Distr | its franchise | | | | | | | | |
| Regis | ırar | JUN 03 1997 | 0 | - | | | | | | | | | |

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth **Physician** Month 5 28^{ay} 1997 SYLVESTER BRUNSON 4:00pm /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 1501 EUTAW PLACE BALTIMORE N/A 5. Social Security Number if Under 1 Year 9. Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) Funeral Days 1 M 2□ F 61 251-54-2933 Yrs. Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show r than "natural", or flems 23a or 28a-f show the Medical Examiner must be notified at N/A MD1 X Yes 2 □ No Director BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1501 EUTAW PLACE 21217 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. Pages 1 end 2 should be filed within 72 hours after onent of Health end Mental Hygiene. Int: If Item 27 Is merked other than "natural", or Ite 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify AFR. AMERICAN Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Etementery/Secondary (0-12) KOPPER CO. FORK LIFT OPERATOR 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be MCOUEEN BRUNSON EPSY LEVY 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) RUTH BRUNSON (WIFE) 1501 EUTAW PLACE BALTO MD 21217 or other t 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremation 3 ☐ Removal from 4 ☐ Donation 5 ☐ Other (Specify) permit. Page Department of Important: If any Injury or State ZION CEM. 6/3/1997 BALTO. MD 21. Signature of Euneral Service Licensee ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTO. MD 21217 ughter 23a. Part 1. Enter the disease, or complications that caused the death shock or heart tellure. List only one cause on each line. not enter the mode of dying, such as cerdiac or respiretory errest, Approximate Intervel Between Onset and Death **Physician** /Medicai Immediate Cause (Final CARDIOMYO PATH 6 MONTHS disease or condition resulting in death) Examiner Examiner physicien and s the buriel-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco uee contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown HX OF ALLOHOL ABUSE sete has been signed page 2 should be de Completed by 24b. Were autopsy findings avellable prior to completion of ceuse of deeth? 24a. Was en eutopsy performed? 2 No the Hospital or Attending Physicien: director, Be 25. Was cose referred to medical examiner? 26. Place of Death (Check oply one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 No Other: 4 ☐ Nursing Home 5 🗖 Residence 6 ☐ Other (Specify) Certification: To 1 ☐ Yes funeral 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident within 24-bours after deat To the Funeral Director: 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) in by 4 - Homicide 29a. Certifier 1 🗹 Certifying Phyaician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or Investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

State Registrar 31. Date liled (Month, Day, Year) JUN 0 3 1997

Randolph Whyps

Kandolan & Whites IMS

30. Name end address of person who completed cause of death (Item 23e) (Type, Print)

827 Linden Ave

32. Registrar's Signature

222699

Br Ho. MO

21201

5.29.97

un waydoon-Randelle

Baltimore, Maryland 21215-0020

BRUNSON

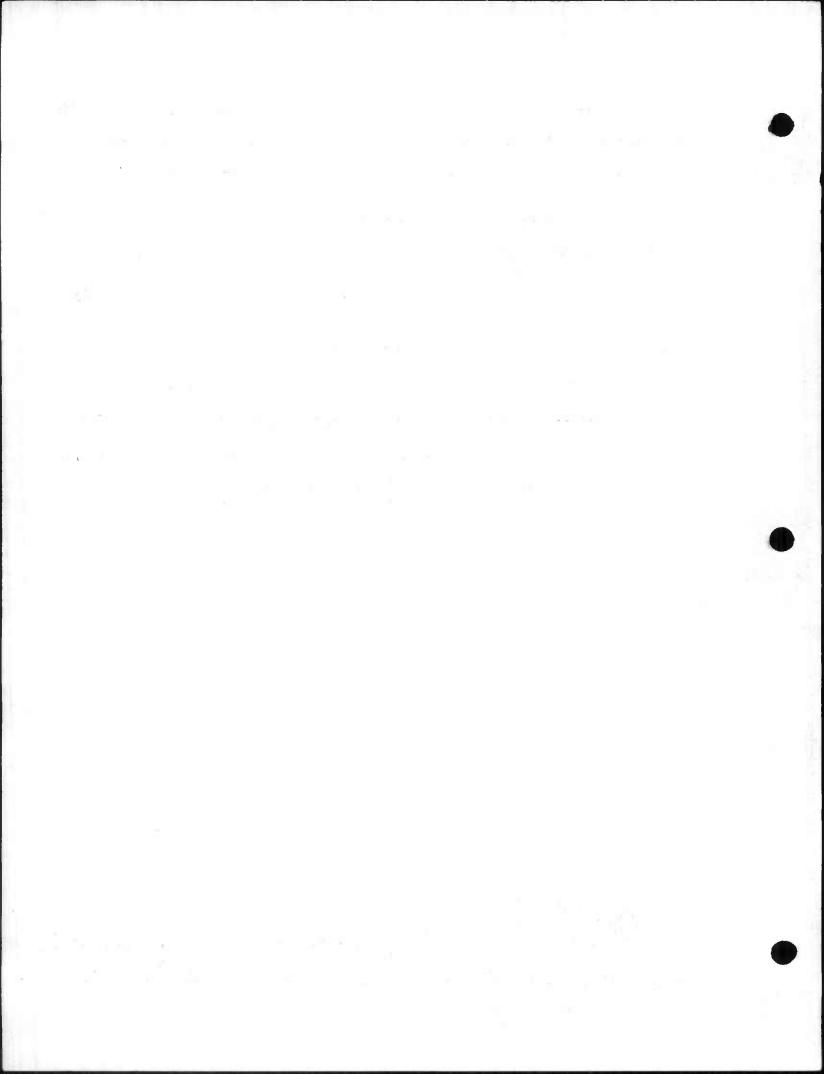
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death **Physician** Month Daisy Evelyn Breeden 1997 May 28, 12:06 AM /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital Center Rosedale Baltimore If Undar 24 Hrs. 6. Data of Birth (Month, Day, Year) 5. Social Security Number If Undar 1 Yaar 7. Aga (In yrs. last birthday) 9. Birthpiaca (State or Foreign **Funeral** 1□M 2√□F Days 70 Yrs. Maryland 220-12-6486 Director 26,1926 Usual Rasidence of Dacedant the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits item 27 is marked other than "natural", or items 23s or 25s-f show other traumatic event, the Medical Examiner must be notified at 1 ☐ Yas 2 No Director Maryland Baltimore Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? death with 9006 Philadelphia Road 21237 U.S.A. 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: 14. Race - Amarican Indian, Black, Whita, atc. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxicen, Puarto Rican, atc.) filed within 72 hours after 1 ☐ Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: White þ 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) permit. Pages 1 and 2 should be filed with Department of Health and Mental Hygien Important: If Item 27 is marked other that any Injury or other transment. Homemaker 7th grade Own Home. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surname) Be Joseph Nevins Daisy E. Bickford 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Donna L. Schrenker (daughter) 9006 Philadelphia Road, Baltimore, MD 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata Parkwood Cemetery 5/31/97 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Sarvice Licensaa 22. Nama and Addrass of Facility Schimunek Funeral Homes, Inc. 23a. Part1. Enter the disease, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory errosi, shock, or heart failure. List only one cause on each line. 21236 Approximate interval Batween Onsat and Death **Physician** /Medical Immediata Causa (Finai Acute Myocardial Infarction 1 Hour disease or condition resulting in death) Examiner Dua to (or as e consequance of): Examiner Coronary Atherosclerosis physician and s the burial-transit The law requires that the death certificete be executed Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Cause (Disaasa or Injury that initiated evants resulting in death) Last Dua to (or as a consequence of): P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): attending a **88 68**0 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by to 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records, by cate has been sig ; page 2 should b 24b. Wara autopsy findings available prior to completion of cause of death? Be Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No After this certificate Division of Vital or Attending Physician: 25. Was cesa rafarred to medicei axaminar? 28. Placa of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral 28a. Data of Injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation 1 X Netural 1 Yas 2 No 2 Accident 8 Could not be datarmined 3 ☐ Suicida 28a. Piace of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide the Hospital 12 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated.

| Medical Examiner: 6 has best of axamination and/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the ceuse(s) and manner stated. 29a. Cartifier edicai one) 29b. Signature and 29c. Licensa number 29d. Data signed (Month, Day, Year) yourly Square Dy Baltimore MD 21237 32. Registrar's Signatura 31. Data filed (Mon. State

DHMH 16 Bev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene

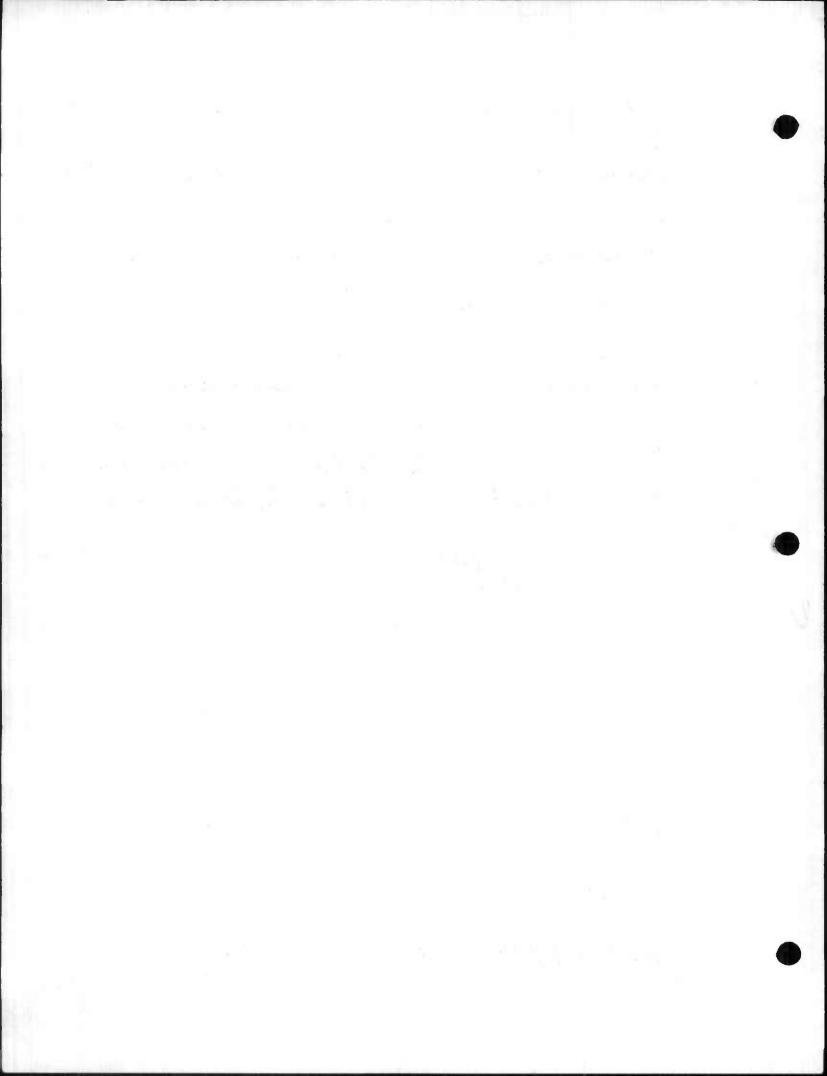
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** 5:40 A.M. Roland L. Butschky Sr. 1997 June /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 3634 Elmora Avenue Baltimore N/A 8. Date of Birth (Month, Dev. Yeer) Aug. 20, 1935 6. Sex 1 X M 2 ☐ F If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthdey) 9. Birthplace (State or Foreign **Funeral** Deys Months Maryland 61 Yrs. Director 216-32-1687 Usuel Residence of Decedent the Maryland 10a. State 10c. City, Town or Location 10d. Inside City LlmIts item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinar must be notified at 1 Yes 2 □ No Director Maryland Baltimore N/A 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiane. Important: If item 27 is marked other than "natural", or Items 23a any Injury or other traumatic event, the Medical Examiner manal once. 21213 U. S. A. 3634 Elmora Avenue Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Rece - American indian, Biack, White, etc. 11 Maritel Status 1 X Yes 2 □ No If Yes, Give Year or Dates: 1954-1962 1 ☐ Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: by 3 Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Warehouseman NSA 12th Grade 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Grover L. Butschky Barbara M. Schmidt 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 4906 Kenwood Avenue, Baltimore, Maryland 21206 Todd A. Butschky (Son) 20b. Plece of Disposition (Name of cemetery, cremetory or other piece)
Maryland Veterans 20e. Method of Disposition Date 20c. Location - City or Town, State 1

Buriel 2 □ Cremetion 3 □ Removal from State Garrison Forest Cem. 6/5/97 Owi 22. Name and Address of Fecility Schimunek Funeral Home Inc. 4 □ Donetion 5 □ Other (Specify) Owings Mills. Maryland 3331 Brehms Lane, Baltimore, Maryland 21213 23a. Pert1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heert feilure. List only one ceuse on each line. Approximate Intervel Between Onset and Deeth **Physician** /Medical Immediete Ceuse (Final disease or condition resulting in death) **Examiner** Examiner ettanding physician end for use as the burial-transit The law requires that the death certificete be assecuted Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initieted events resulting in death) Lest Division of Vital Records, P.O. Box 68760, Mel diaketes Physician/Medical Due to (or as a consequence of): signed by the e Pert ti. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed peeu page 2 s certificate 1 ☐ Yes 2 ☐ No or Attending Physician: funeral director, 25. Wes cese referred to medical exeminer? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Aesidence 6 Other (Specify)

Injury et 28d. Describe how injury occurred 1 Yes 20 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA this 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury et Work? 1 Neturel 2 Accident 5 Pending investigation efter death. Director: Aft 1 Tyes 2 No 6 Could not be 3 ☐ Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 T Homicide 24 hours e Hospital 29a. Certifier (Check only one) 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner stated. Medical completely To the Vithin 2 npleted cause of death (Item 23a) (Type, Print) 3100 Wyman Park Dr Batt. 21211 Deborah A. Manning m. 31. Date filed (Month, Day, Year) State JUN 0 3 1997 Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2 Date of Death 3. Time of Death **Physician** 00 Brocking ton 30 Michael 5 /Medical 4a. Facility Neme (If not institution, giva straat and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Batti more
If Undar 24 Hrs.
Hours Min.
B. Data of Birth
(Month, Day, Year) University of 5. Social Security Number Marylano saltimore City If Under 1 Yeer 6. 7. Aga (In yrs. last birthday) 9. Birthpleca (State or Foreign **Funeral** Days Months 216-84-3834 Yrs. Director irainia 62 Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 28a-f show Peges 1 and 2 should be filed within 72 hours efter death with the Marylar nent of Health end Mental Hygiene. shirt if Item 27 is marked other than "natural; or items 23s or 28s-f show my or other traumatic event, the Med cal Examinar must be not it and 10d. Inside City Limits Yas 2 No Director Maryland mor 10e. Street and Numbar 10f. Zip Code 10g. Citizan of What Country 4106 Hela Funeral Wes Dacadant Ever in U.S. Armed Forces? 1 Yas 2 No If Yes, Giva 11. Maritel Status 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian. Black, Whita, atc. Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify Completed by 3 ☐ Widowed 4 ☐ Divorced African i 4 merican Yaar or Dates: 15. Decedant's Education (Specify only highest grada completed) 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working tite, DO NOT usa ratired) Elamantary/Secondary (0-12) ev(1-4or 5+) 18. Mothar's Nama (First, Middle, Maidan Su Lo 200. Place of Disposition (Name of 20e. Method of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata Donation 5 Othar (Specify) or othar place) cometant, gramaton Department o Important: If I any injury or -10°r 22 Nama and Address of Facility
JOSEPH L. N North cathors that ceusad the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrast, a cause on each line. the difference or complications to Approximeta intarval Between Onset and Death Physician /Medicai Immadiata Ceusa (Final disaasa or condition resulting In death) Adens (a ung Examiner Due to (or as a consequence of): requires that the death certificete be executed the buriel-trans Sequentially list conditions, if any, leading to immediata ceusa. Enter Underlying Cause (Diseasa or Injury that initiated events rasulting in daath) Last Dua to (or as a consequence of) P.O. Box 68760. Physiclan/Medical Dua to (or as a consequence of): signed by the atte Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HIV (+) ecords, Be Completed by 24b. Ware autopsy findings available prior to complation of causa of daath? 24a. Was an autopsy performed? peen × has 2 No After this certificate 1 ☐ Yas 1 ☐ Yes 2 ☐ No To the Hospital or Attanding Physicians within 24 hours effer death.

To the Funeral Director: After this certifical completely filled in by the funeral director, 25. Was casa rafarred to medicel axaminar? 28. Placa of Daath (Check only one) Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 2 1 ☐ Yas 2 No 1 Unpatient 2 ER/Outpatient 3 DOA 27. Manner of Death Certification: 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? Division 5 Panding Invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant 3 Sulcida 6 Could not ba 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 THomleide Descripting Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated. Medical 29a. Cartifian 29b. Signetura end titia of certifiar 29c. License number 29d. Dete signed (Month, Day, Yeer) 0217 Na 30. Name and address of person complated causa of daath (Item 23a) (Type, Print)

State Registrar University of
31. Data filad (Month, Day, Year)

JUN 0 3 1997

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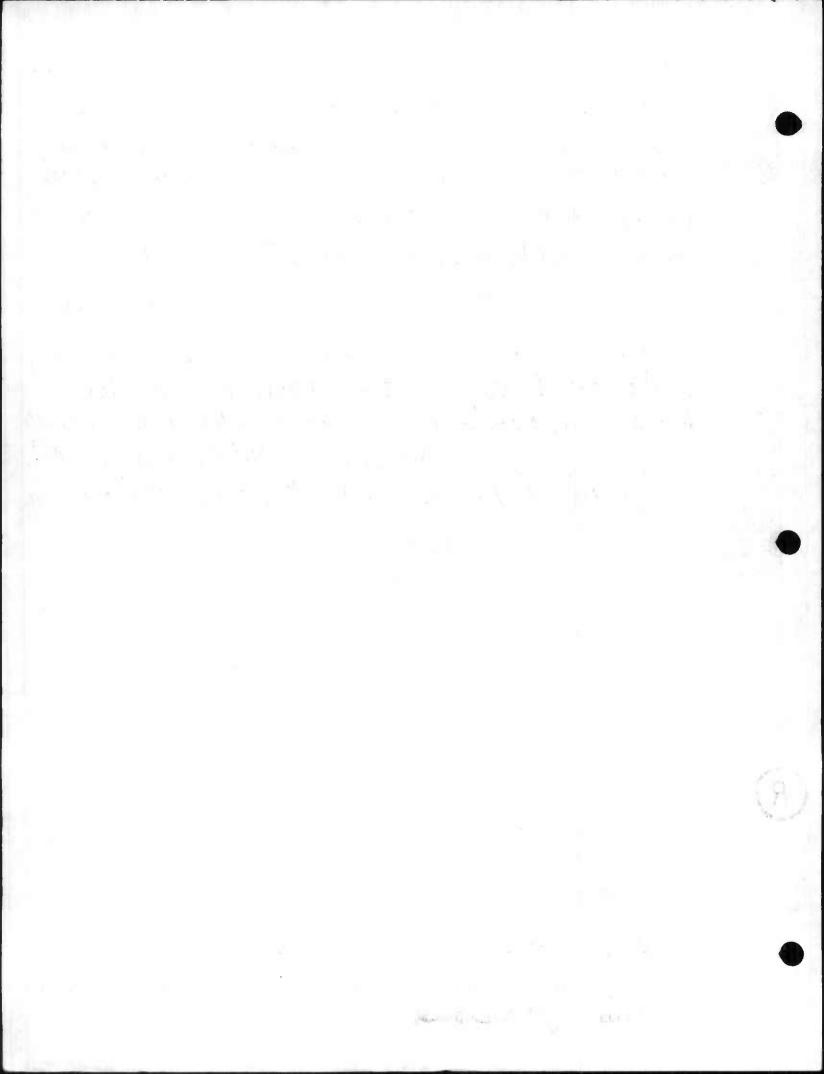
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32. Registrar's Signatura

System

10 N. Greene St. Battimore, MD 21201



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| 1. Decedant's Nam | a (First, Middl | a, Last) | | 9.11 | | | | | 2. Data of De | eath | | | 3. Tima of Death |
| Res | tte I | Butler | | | | | | | Month May 2 | | 1997 | Yaer | 12:20 A.M |
| 4a. Facility Neme (/ | | | mber) | | - | | 4b. City, To | own, or L | ocation of Deel | | | y of Death | |
| Principle of the second | | Care of | | Tarra | 0.1 | | | | | | | | |
| 5. Social Security N | | 6. Sex | 7. Aga (In yrs | | | r 1 Yaa | Laur | | 8. Data of Bi | | Prin | | eorges |
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| 10a. Stata | 10b. County | | 10c. C | ity, Town o | Location | | | | | | _ | | 10d. Inside City Limits |
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| | | e Georges | ة با | aurel | | | | | | | | | A |
| 10e. Street end Nur | mber | | | | 10f. Zi | p Coda | | | | 10g. 0 | Citizan of | What Cor | untry? |
| 9235 Whi | skey B | otton Roa | d | | 2 | 2072 | 3 | | | U | . S. | Α. | |
| 11. Marital Status | | | edant Evar in I | U,S. 1 | 3. Was Dece | dant of | Hispanic Or | igin? (Sp | pecify Yas or No Rican, atc.) | | 14. Re | | ican Indian, |
| 1 🗌 Nevar Marri | ied 2 Man | ried 1 ☐ Yas If Yes, G | 20XNo | | 1 🗆 Yas | **** | | | o riioair, ato.j | | | | , atc. |
| 3 Widowed | 4 Wivorced | va Datas: | | 1 L Yas | ZETNO | Specify | | | | Wh: | White | | |
| 10 | | t's Education | | 16a. De | cedent's Usu | al Occu | pation | | | 16b. | Kind of E | Businass/I | ndustry |
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| Herbert | | | | T | | | | | ichblum | | | | |
| 19a. Informant's Na | ame/Heletions | hip (Type, Print) | | 19b. M | ailing Addras | s (Straa | it and Numb | er or Ru | ral Routa Numb | er, City | or Town | , Stata, Z | ip Coda) |
| Carolyn | Y. Wi | lliams, D | aughter | 923 | 5 Whis | key | Botto | on R | oad, La | ure | 1, M | d. 20 | 0723 |
| 20a. Mathod of Disp | | | | Place of Di | sposition (Na crematory or | me of | | | Date | | | | Town, Stata |
| 1 X Aurial 2 L 4 Donation | | 3 ☐Removal from | Stata | | | | | 5/2 | 9/1997 | Pa | rker | sburg | 3, |
| 21. Signature of Fu | | | FIC | Juine C | | | | - | 7/177/ | | We: | st V | lrginia - |
| | | Licensea | | | 22. Name e | | | | TAT EIM | TTD A | I IIO | MTP 1 | INC |
| 23e. Part1. Entar th | he diseese, or | complications thet | Zerry | ath. Do not | STEIN 232 CA anter the mo | HEB RRO | REW MI LL STI | EMOR REET cardiac | IAL FUN , N.W., | ERA WA | L HO | ME, GTON, | D.C. 200 |
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| Part If. Other algniff | icant conditio | ons contributing to d | eath but not re | sulting in th | a undarlying | causa g | ivan in Part | l. | 23b. Dfd | tobac | co use c | ontribute | to the causa of death |
| | | | | | | | | | 10 | Yee | 25 No | 3 Pr | obably 4 Unknow |

Physician /Medical Examiner

ettending physician end for use as the buriel-trensit Director: After this certificate hes been signed by the edin by the funeral director, page 2 should be deteched to filled in by the funeral

Division of Vital Records, P.O. Box 68760.

or Attending Physician:

Physician/Medical þ Completed Be Certification:

4 ☐ Homleide

Physician

/Medical

Examiner

Director

Funeral

by

Completed

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Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelih end Mentel Hygiene. Important: if item 27 is merked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be northed an once.

Baltimore, Maryland 21215-0020

Part If. Other algnificant cond 25. Was casa refarred to medical axaminer? 26. Placa of Death (Check only ona)

24a. Was an autopsy performed? 1 Yas 2 No

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

24b. Wara autopsy findings available prior to completion of cause of death? 1 Yas 2 No

Hospital: 1 Yas 2 No Othar: 4 Nursing Home 5 ☐ Residence 6 ☐ Othar (Specify) 1 Inpatiant 2 ER/Outpatient 3 DOA 28c. Injury at Work? 27. Mannar of Daath 28a. Data of Injury (Month, Day Yaar) 28b. Tima of 28d. Dascribe how injury occurred 5 Pending Investigation 1 A Maturat 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not ba 3 Suicida

28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

29a. Certifiar 1 Certifying Physictan: To the best of my knowledge, deeth occurred et tha tima, dete and place, and dua to tha ceusa(s) and menner as stated.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, deta and place, end due to the cause(s) and manner statad.

29b. Signatura and titla of certifier

Muleur Mundert

29c. Licansa number

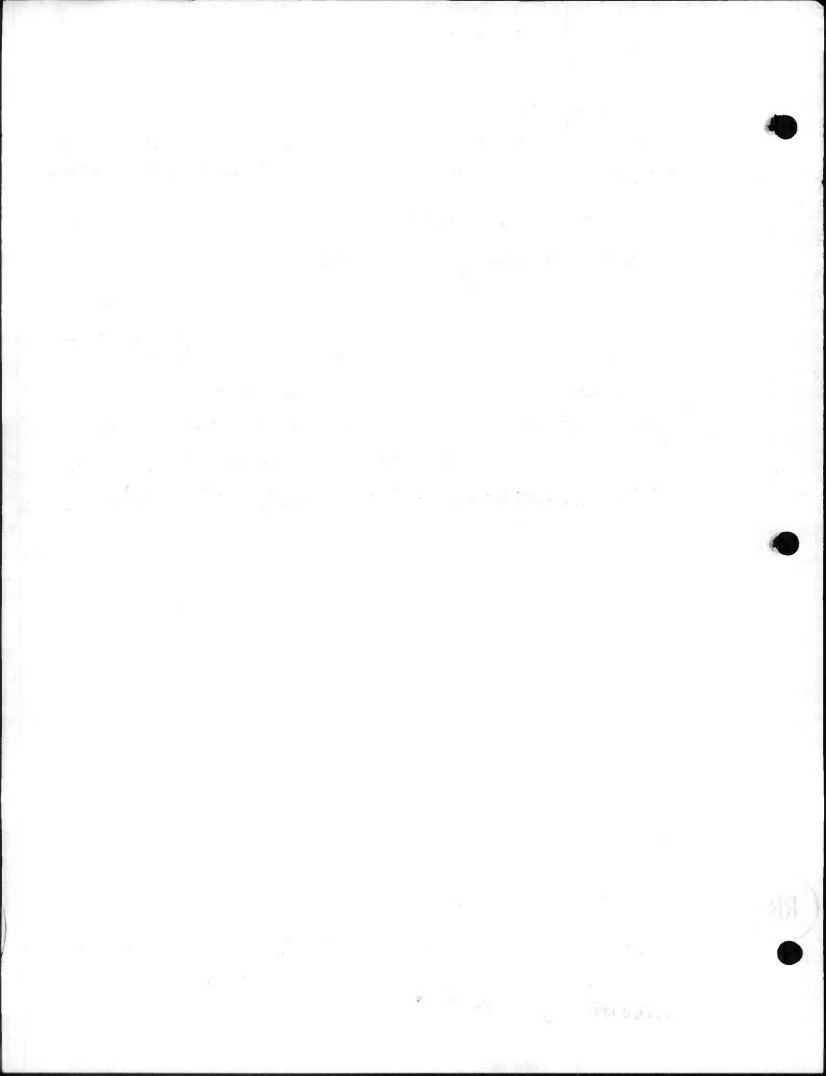
29d. Data signed (Month, Day, Year)

30. Neme and address of person who completed causa of death (Itam 23a) (Type, Print)

3a) (Type, Print) 8317 CHERRY CANE, CAUPS L, MD 2070) KUNDAN+ M.D.

State Registrar

Medical



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

| Physician |
|-----------|
| /Medical |
| Examiner |

Vaar

11:03 PM

10d. Inside City Limits

1 Yes 2 No

4c. County of Deeth

Funeral Director

10e. State

Director

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Be

the Maryland show "natural", or items 23a or 28a-f show with filed within 72 hours after Completed The Medical

I Hygiena. Pages 1 and 2 should be nent of Health end Mantal Department of Health er Important: if Item 27 is any injury or other traugence.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificete be executed P.O. Box 68760, physician signed by t Division of Vital Records. peed certificata Attending Physician: this After death. or Attend effer death Director: /

Physician/Medical

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Completed

Be

2

Certification:

1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month BRADY MARGARET ATKINSON JUNE 01 1997 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth St. Agnes Hospital Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number Birthpiece (State or Foreign Country) 7. Age (In yrs. last birthday) 1 M 2 F 215-03-4754 Yrs. 90 March 6,1907 Maryland Usuel Residence of Decedent 10b. County 10c. City, Town or Location Baltimore Marvland Catonsville 10e. Street end Number 10f. Zin Code 10g. Citizen of Whet Country? 10 Park Drive 21228 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 14. Rece - American Indian, Black, White, etc. 11. Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: 3 Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Medical Secretary Health Care 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Conrad A. Atkinson Margaret Grindell 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) John E. Brady, Jr. (Son) 10 Park Drive Catonsville, Maryland 21228 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Locetion - City or Town, Stete June 5. 1 Burlel 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) 1997 New Cathedral Cemetery Baltimore, Maryland 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 10 23a. Pert1. Enter the disease, or complications that cau and mordeeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one cause on participations. PREUMONIA Immediate Cause (Finel ASPIRATION diseese or condition resulting in deeth) Due to (or es e consequence of):

Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest

Due to (or es e consequence of):

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Wes en eutopsy performed?

24b. Were eutopsy findings aveilable prior to completion of cause of deeth?

Approximete intervel Between Onset end Deeth

72 Hours

1 Yes 2 No 26. Plece of Deeth (Check only one)

1 ☐ Yes 2 No

25. Wes case referred to medicel 1☐ Yes 2 No

27. Menner of Deeth 1 Neturel 2 Accident

3 Suicide

4 T Homleide

5 Pending investigation 6 Could not be determined

Hospitel: 1 prinpetient 2 □ ER/Outpetient 3 □ DOA 28b. Time of

28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work?

1 Tyes 2 No

28d. Describe how Injury occurred

29a, Certifier (Check only one) 1 Certifying Phyeicien: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signature and title of certifier

29d. Dete signed (Month, Day, Year)

30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

LIUMANUE

NS A-H SAINT

AGNES HOSPITAL BALTIMORE, MARYLAND

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death **Physician** Buckel mow Month Bett Clara May /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number, 4c. County of Deeth Examiner Baltimore

If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth
(Month, Day, Year)

Jan. 24, 1924 St. Agnes Hospital N/A 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2#F Yrs. 73 Director 219-12-8160 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2 ☐ No Maryland Howard Ellicott City 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 5 Items 23a 3122 Evergreen Way 21042 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married Baltimore, Maryland 21215-0020 natural, or by Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry oe filed within 7 al Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) Public School School Secretary 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) theelth and Mental H tam 27 is marked off Be Katherine Elsrode Ernest Wright, Sr. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pagas 1 and 2 s Department of Heelth an Important: If itam 27 ia any Injury or other trau once. 3122 Evergreen Way Ellicott City, Maryland 21042 Ferdinand Bockelman (Husband) 20b. Place of Disposition (Name of cemetery, crematory or other place) June 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removel from State 2,1997 4 ☐ Donation 5 ☐ Other (Specify) Loudon Park Cemetery Baltimore, Maryland 21. Signeture of Funeral Service Licenses 22. Name and Address of Fecility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each into **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Murked Avenia 2 Weaks Examiner Due to (or es a consequence of) Examiner Bone Marrow Failure physician and the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or as a consequence of) Box 68760. Lolon Cancer, Cecum, Physician/Medicai Due to (or as a consequence of) P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown None Records, by 24b. Were eutopsy findings evailable prior to completion of cause of death? Completed 24a. Was an autopsy 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospital: 1 Yes 2 1€ Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Impatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28d. Describe how Injury occurred 5 Pending investigation 1 Natural 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier within 24 nd To the Funcompletely 29b. Signature and 19b of certifie 29c. License number 29d. Date signed (Month, Day, Year) 015144 May 29, 1997

State Registrar

Terry J- MD

eted cause of death (Item 23a) (Type, Print)

9055 (G-vroleT Drive, Ellicot CityMd

21042

DHMH 16 Ray 6/95

71 2. Final State Country

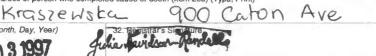
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month Baker **Physician** ELizabeth JOYCE 7:32 June /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Daath Examiner St. Agnes Hospital Baltimore N/A If Undar 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) Devs 1 ☐ M 2 🔀 F Months 70 Yrs Director 219-20-7724 MAY 14, 1927 Maryland Usuel Rasidanca of Dacadant death with the Maryland 10a State 10b. County 10c. City, Town or Location r than "neturel", or items 23e or 28a-f show the Medical Examinar ment be notified at 10d. Insida City Limits Director Md. Howard Elkridge 1 ☐ Yas 3 TYNo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5909 Rustic Lane 21227 Funeral USA 12. Was Decedant Evar in U,S. Armed Forces? Was Dacadant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Raca - American Indian 11 Marital Status Black, Whita, atc. filed within 72 hours after 10 1 Never Marriad 2 Married ☐ Yas 2 No f Yas, Giva Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: þ Specify: 3√ Widowad 4 □ Divorcad white Yaar or Datas: Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Dacadent's Education (Spacify only highast grada completed) 16b. Kind of Business/Industry Hygiene. Elamantary/Sacondary (0-12) Collage (1-4or 5+) permit. Pages 1 and 2 should be filed with Depertment of Health and Mental Hygien important: if I ten 27 is marked other that early injury or other transmitted. 12 A. D. Anderson Bookkeeper 17. Fathar's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumema) Be Emmett Batson Lena Murray 2 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Address (Streat end Number or Rural Routa Number, City or Town, State, Zip Coda) Stephen P. Baker - son 5224 Talbots Landing, Ellicott City, Md. 21043 20b. Place of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 □ Burial 2 □ Cramation 3 □ Ramoval from State 4 □ Donation 5 □ Othar (Specify) 6/5/97 Meadowridge Memorial Pk. Elkridge, Md. 21. Signature of Funeral Secrice bicenses 22. Nama and Addrass of Facility
Gary L. Kaufman Funeral Home at Meadowridge 7250 Washington Blvd., Elkridge, Md. 21227 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Betwaen Onsat and Daath **Physician** /Medical Immadiata Cause (Final Interstitial Fibrosis 4891 disease or condition rasulting in daath) Examiner Examiner physician and the burial-transit requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Ceusa (Disaasa or injury thet initiated avants rasulting In daath) Last Due to (or as a consaguança of): Box 68760. Physician/Medical Dua to (or as a consequenca of): 9 use signed by the a Division of Vital Records, P.O. Part II. Other aignificant conditions contributing to death but not resulting in the undarlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown COPD by 24b. Were eutopsy findings available prior to completion of causa of death? 24a. Wes an eutopsy performad? Completed peen CUF page 1 Yas 2 No 1 Yas 2 No Be 25. Was casa rafarrad to madical axaminar? 26. Piece of Death (Check only one) Hospital: Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) P 1 Yas 2 No Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Yaar) uneral 27. Mannar of Death 28d. Describe how Injury occurred Certification: 28b. Tima of 28c. Injury at Work? After Attending 1 Netural 5 Pending Inter death.
Director: After a fur by the fur 1 ☐ Yas 2 ☐ No investigation 2 Accidant 6 Could not be determined 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 3 □ Suicida 28e. Place of tnjury - At homa, farm, straat, factory, offica building, etc. (Spacify) 4 Homicide Medical 29a. Certifie 1🔏 Certifying Phyelcien: To the best of my knowledge, death occurred et the time, data and place, end dua to the ceuse(s) end menner es steted. 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date and placa, and due to the cause(s) and manner stated. (Check only one)

State Registrar

31. Data filad (Month, Day, Yeer, JUN 0 3 1997

30. Nama and address of person who completed cause of deeth (Item 23a) (Typa, Print)

29b. Signatura and title of certifian



29c. Licansa numbar

P11082

29d. Data signed (Month, Day, Year)

Please Type or Print in Black indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death MAY ALBERT 1997 1:15PM 4a. Facility Name (If not institution, give street end number 4b. City, Town, or Location of Death 4c. County of Death TOWSON, MARYLAND
7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth SAINT JOSEPH MEDICAL CENTER BALTIMORE 5. Social Security Number 8. Date of Birth (Month, Dey, Year) 6. Sex Birthplace (Steta or Foreign Country) 1 M 2 □ F Days Months Hours Yrs. 212-05-1354 86 July 20,1910 Maryland Usual Residence of Decedent 10b County 10c. City, Town or Location 10d. Insida City Limits Baltimore 1 Yes 2 No Glen Arm 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 4104 Halifax Ct. 21057 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puarto Rican, etc.) Race - American Indian, Black, White, etc. 1 ☐ Nevar Married 2X Married 1 ☐ Yes 2♥ No If Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: 3 Widowed 4 Divorced Specify: White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Insulation Co. Owner 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Sumema) Albert Baker Mary E. Davies 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Vivian Baker/ Wife 4104 Halifax Ct., Glen Arm. Md. 21057 20a. Method of Disposition

1 Burial 2 Cremation 3 Removal from State 20b. Plece of Disposition (Neme of cametary, cremetory or other place) Date 20c. Location - City or Town, State Chesapeake Crematory 5-30-97 Beltsville, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Sarvice Licensea 22. Name and Address of Facility Bradley-Ashton Funeral Home, Inc. oller 2134 Willow Spring Rd., Balto., Md. 21222 23a. Part 1 Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting In death) one Week **PNEUMONIA** Due to (or as a consequence of): Due to (or as a consequence of) Due to (or as e consequence of): 23b. Did tobacco use contribute to the cause of death?

Physician /Medical Examiner

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of filed within 72 hours after de la Hygiene.
Other than "natural", or fter

12 should be fill thend Mental H 7 is marked of

permit. Pages 1 end 2:
Department of Heelth er
Important: if item 27 is
any injury or other trau-

Baltimore, Maryland 21215-0020

traumatic event, the Medical Examiner must be notified at

Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last

Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I.

1 Yes 2 No 3 Probably 4 Unknown

ACUTE RENAL FAILURE

24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed?

1 ☐ Yes 2 No

25. Was case referred to medical 1 Yes 2 No

Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

1 Yes

27. Manner of Death 1 Natural 2 ☐ Accident 3 Suicida

4 Homicide

5 Pending Investigation 6 Could not be determined

28c. Injury at Work? 1 ☐ Yes 2 ☐ No Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

2 NO

29a, Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, end due to the cause(s) and manner stated.

29b. Signature and title of cartifier

29c. License number

29d. Date signed (Month. Dev. Year)

30. Name and address of person who completed cause of dead (Item 23a) (Type, Print) ROAD, TOON, M.D., 7620 YORK ROAD,

D 16492

21204 TOWSON, MARYLAND

31. Date filed (Month, Day, Yeer)

JUND 3 199

State Registrar

DHMH 16 Rev 6/95

| | | 1. | Decedent's Name | (First, Middle, La | ist) | | | | | | - 1 | 2. Dete of Dee | - | | 3. Time o | of Death |
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| hysic /Medi | | | Norm | | L. | | Baum | ngart | | | | Month MAY 3 | Day | Year 7 | 023 | |
| Exami | | 4a. | . Facility Neme (If | not Institution, giv | e streat end nun | n <i>ber</i>) | | | - | b. City, To | wn, or Lo | cation of Death | ath 4c. County of Deeth | | | |
| | | | GOOD SA | The same and the s | | ITAL | E.R. | | | | | RE CIT | Y | N/A | | |
| uneral rector | _ | | Sociel Security Nu 218-46-9 | | Sex 1100 M 2□ F | 7. Age (<i>In yn</i> 48 | s. last birthday) Yrs. | If Under 1 Months | Yaar Days | If Under Hours | 24 Hrs. Min. | 8. Date of Birt (Month, De) 3-29- | h y, Yeer) -49 | 9. Birthp Coun | lece (State stry) MD | or Foreigi |
| | | - | sual Residence of I | | | | | | | | | | | | 110 | |
| -f show | tor | 10 | MD | 10b. County Baltim | ore | 10c. C | Chase | | | | | | | 1 | 0d. Inside (| City Limits |
| 288 | Director | 10 | e. Street and Num | ber | | | | 10f. Zip C | ode | | | | 10g. Citizan of | Whet Coun | ntry? | |
| 3a o | E D | | 1224 | Susqueh | anna Ave | е. | | 2 | 2122 | 20 | | | USA | | | |
| al', or items 23a or 28a-f show Examiner must be notified at | by Funeral | 11. | . Marital Status 1 Never Marrie 3 Widowed 4 | | 12. Was Dece Armed For 1 Tas If Yes, Giv Yaar or Da | rces? 2 No e X | | Was Deceder if Yes, specify 1☐ Yes 2√x | | lispenic Ori an, Mexicar Specify: | gin? (Spe | eclfy Yas or No- Rican, atc.) | | ace - Americ ack, White, ify: W] | | |
| natu | Completed by | | (Specif | 15. Decedent's En fy only highest gre | ducetion ede completed) | | 16a. Dece (Giva | dent's Usual (kind of work DO NOT use | Occup done | etion during mos | t of worki | ng | 16b. Kind of E | Business/Inc | dustry | |
| ont, the M | d E | ' | Elemantary/Secon | dery (0-12) | College (1- | -4or 5+) | | | | 1) | | | D/ | D | | |
| event, | To Be Co | 17. | . Father's Name (F | First, Middle, Last, E. Baum |) | | F | `ireman | 1 | | er's Nama | (First, Middle, | | Depai | rtmen | <u> </u> |
| 27 ls | - | | ea. Informent's Nar Eric Baur | | | | 19b. Mailii 7481 | ng Address (S | Street ligh | and Number | er or Aure | 1 Route Number | r, City or Town | n, Stete, Zip urch , | Code) VA 22 | 2042 |
| ortant: If item 2 Injury or other 9. | | 208 | | osition Cremation 3 Other (Specif | | | Place of Dispo cemetery, cres Garden | metory or other | er pled | - | 6- | Dete 2-97 | 20c. Location | | | |
| Important: any injury once. | | 21 | I. Signature of Fun | eral Service Lice | 12 | | 22 | 2. Name end | Addre | | у | | | | | |
| | | 23 | 3e. Part1. Enter the | a disaase, or com | plications that ca | lly aused to dec | | 1211 C | hes | aco A | ve., | eral Ho Baltin | ore, M | D 212 | Approxima | ite |
| sician edical miner | er | Im | 3e. Part1. Enter the shock, or heart mediate Cause (F sease or condition sulting in deeth) | inal | plications that ca one ceusa on ee | teru | | ter the mode of | hes | aco A | ve., | Baltin | ore, M | D 212 | | tween |
| of the buriel-transit | Medicai Examiner | See if e cal | nmediate Cause (F | ditions, nediate ying | plications that co | Due to | ath. Do not ent | 1211 C der the mode of quence of): | hes | aco A | ve., | Baltin | ore, M | D 212 | Approxima Interval Be | tween |
| ettending physician end mineral for use as the buriel-transit | ian/Medicai | See if e cal | nmediate Cause (F sease or condition sulting in deeth) equentielly list concern, leading to imn use. Enter Undert ause (Diseese or in a Initiated events | ditions, nediate ying | e | Due to | ath. Do not ent | 1211 C der the mode of quence of): | hes | aco A | ve., | Baltin | ore, M | D 212 | Approxima Interval Be | tween |
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State Registrar

31. Date filed (Month, Dey, Year) JUN 0 3 1997

32. Registrar's Signature
Julia Savidson-Randana

700 Posts

State of Maryland / Department of Health and Mental Hygiene 97

16724

| DICTO | O. | | | | Certific | ate of | Death | | Reg. No. | , , | 1016- | | |
|---|---|--|---|--|-------------------------|--|-------------------------------|-------------------------------------|-------------------------------------|-------------------------|--|--|--|
| Thursinian | _ | 1. Decedant's Neme (First, Middle, L | | | | | | 2. Dete of De Month | eth Day | Yeer | 3. Time of Death | | |
| Physician /Medical | _ | LESLIE | BRIG | 65 | | | | MAY | 31, 19 | | 9:06AM | | |
| xaminer | | e. Facility Neme (If not institution, g | ive street end number) | | | | 4b. City, Town, or I | Location of Death | 4c. County | of Death, | | | |
| | | HOPKINS-BAYVI | EW HOSPI | ΓAL | | | BALTIM | ORE | | NI | A | | |
| eral tor | < | 5. Social Security Number 3. 12. 58. 4483 Usuel Residence of Decedent | Sax 7. Ag 1⊠M 2□F | ga (In yrs. la 45 | Mont | hs Days | | 8. Date of Bin (Month, De AUG | th y, Yaar) 28, 1951 | 9. Birthp Cour MA | place (Stete or Fore htry) RY LAND | | |
| | _ | 10a. State 10b. County | - | 10c. City | , Town or Location | | | | 0d. Inside City Lim | | | | |
| ral Director | 5 | MD. BAL | TIMORO | | DUN | MAL | K | | | | 1 ☐ Yas 2 🛣 | | |
| Funeral Director | 3 | 10e. Street end Number | | | | Zip Code | | 10g. Citizen of Whe | | | ntrv? | | |
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| Jers | 5 | 11. Maritel Status | 12. Was Decedent | Evar in U,S | 5. 13. Was De | 13. Was Decedent of Hispanic Orlgin? (Speci If Yas, specify Cuben, Mexicen, Puerto Ri | | | | - | an Indian, | | |
| à | 2 | 1 Navar Married 2 Married 3 Widowed 4 Divorced | Armed Forces? 1 Yes 2 XI It Yes, Give' Year or Detes: | 1 ☐ Yes 2 No It Yes, Give | | | ben, Mexicen, Puert Specify: | o Rican, etc.) | | ck, White, | etc. | | |
| e P | | 15. Decedent's I | Education | 16e. Decedent's Usuel (Give kind of work of | | | pation | 4 | 16b. Kind of Bi | usiness/Ind | dustry | | |
| ple | | (Spacify only highast g | | College (1-4or 5+) | | | ed) | King | | | | | |
| Be Completed | | Elementery/Secondery (0-12) | | PRESSA | | | TAN | | SUL | PAI | PER | | |
| Be | (| 17. Fathar's Name (First, Middle, Las | | Doines TO | | | 18. Mother's Nen | Maiden Sumen | ne) | | | | |
| | | EDGAR | C. BR | 166 | s Jk | | EL | 12 ABE | TH | ELWAY. | | | |
| 7 is m traum | | 19a. Informent's Name/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State | | | | | | | | | Code) | | |
| 5 | | EDWARD BRIGGS - BROTHER (810 CROSSWAY BALTO, MD 21222 | | | | | | | | | | | |
| other | 2 | 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete | | | | | | | | | | | |
| Important: if item any injury or othe once. | | 4 □ Donetion 5 □ Other (Spec | | 6/5/97 | BALT | 0. 1 | MD. | | | | | | |
| 9 | | 4 Donetion 5 Other (Specify) OAK LAWN 10 15 197 BALTO. MD. 21. Signature of Funeral Service Licensee OAK LAWN CONNELLY FUNERAL HOME OF OWN dalk | | | | | | | | | | | |
| eny le | | Mathony | (() | 16 | (Conr | 12114 | FUNE | C Hon | DA P | 11/10 | mD 212 | | |
| | | 23a. Pert1. Enter the diseese, or con shock, or heart tellure. Live on | nplications that caused | the death | not enter the r | noda of dy | ring, such es cerdiad | or respiretory e | rrest, | 11010. | Approximete | | |
| sician W | 1 | shock, or heart tellure. List only | y one cause on each li | ne. | V | | | | | | Intervel Between Onset end Deeth | | |
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| iner | | | | | | | | | | | | | |
| je . | | | | 200 10 (01 | us u consequence | 01). | | | | | | | |
| al Examiner | | Sequentially list conditions | b | Due to (or | es e consequence | of): | | | | | | | |
| M X | | if eny, leeding to immediate ceuse. Enter Undarlying | | | | .,. | | | | | | | |
| edical | | Sequentially list conditions, if eny, leeding to immediate course. Enter Undarlying Ceuse (Disease or Injury that Initiated events | c | Due to (or | es e consequance | n off: | | | | | | | |
| 2 | | resulting In daeth) Last | | | , | nce of): | | | | | | | |
| 2 | | | d | | | | | | _ | | | | |
| y Physician/Mec | F | Pert II. Other eignificant conditione | contributing to death be | ut not resu | Iting in the underlying | a ceuse a | iven in Pert I. | 23b. Dld 1 | tobacco uee co | ntribute to | the cause of dea | | |
| hy k | | | | | , | | | | | | bably 4 Unkn | | |
| 2 2 | | | | | | | | | | | | | |
| should | | | | | | | | | en eutopsy rmed? | 24b. We | ere eutopsy finding eiteble prior to | | |
| , pega 2 should Completed | - | | | | | | | pono | | CO | mplation of cause deeth? | | |
| Com | | | | | | | | 10 | Yes 2 No | 10 | Yes 2□ No | | |
| 5 0 | 1 2 | 25. Wes cese referred to medical | | | | | 26. Plece of Dea | | | | | | |
| ToB | | examiner? 1 XYes 2 No | Hospital: | ant XIXE | ER/Outpatient 3□ | DOA O | ther | oma 5 Resid | | or (Specifi | v) | | |
| | | 27. Menner of Deeth | 28e. Dete of Inju (Month, De | | 28b. Time of | 28c. Inju | | | how injury occur | - | A = | | |
| ation: | | 1 □Natural 5 □ Pending investigation | - | 9 7 9 7 | O745 M | | Yes 2⊠No | Subject | -unhal | ed sm | ohe | | |
| Certification: | | 3 ☐ Suicide 6 ☐ Could not determined | ctory, office 28f. Location (Street end Number or Rurel Route Number, | | | | | | | | | | |
| 8 0 | | | | | | | | | Ballimere City | | | | |
| edical | | | | | | | | | | teted. | | | |
| Medical C | one) 21X Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due | | | | | | | | end due (C | uio Conse(s) | | | |
| E ≥ | 3 | | | 29c. License number | | | | | 29d. Data signed (Month, Dey, Year) | | | | |
| | | 29b. Signeture end title of certifier | 0. | | | 29c. Licen | se number | | 29d. Data signe | d (Month, | Dey, Year) | | |
| | | 29b. Signeture end title of certifier | H. Wris | w-1 | ИД | | .M.E. | | | | | | |
| Medic | 2 | 29b. Signeture end title of certifier Donald One of person who | A Wrig | eeth (Item | UD 23e) (Type, Print) | | | | 29d. Data signe | | | | |

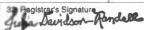
34-4----

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** George BEHNKE Jr. 1, Frank June 1997 9:04 PM /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** Franklin Square Hospital Center Rosedale Baltimore If Under 1 Yaar | if Undar 24 Hrs. 5. Social Sacurity Number 8. Data of Birth (Month, Day, Yaar) Nov. 26, 1910 Birthpiaca (Stata or Foreign Country) 6. Sax 7. Aga (In yrs. last birthday) **Funeral** 229-14-9983 1 M 2 □ F Months Days Hours Min. 86 Yrs. **Director** Maryland Usual Rasidance of Decedant the Marylend 10a Stata 10b Counts 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show solds! Examiner must be notified at Baltimore Essex Md. 1 Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21221 USA 419 Lorraine Ave. death Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ᡚ No If Yas, Giva Yaar or Dalas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. e filed within 72 hours after all Hygiena.
other than "natural", or ite 1 □ Navar Married 2 □ Married Maryland 21215-0020 1 Yas 2 No Specify: Specify: White þ 3 Widowed 4 Divorced Completed traumatic event, the Medical 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collaga (1-4or 5+) Md. Dry Dock Machinist 11th 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) 12 should be fi h and Mental H is marked off Be Catherine Rentschler 2 Frank G. Behnke Sr. 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rurel Routa Number, City or Town, Stata, Zip Coda) permit. Pages 1 and 2
Department of Health au
Important: If Item 27 is
any injury or other trans 419 Lorraine Ave. Baltimore Md Catherine Umphlett/daughter Baltimore. 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Ramoval from Stata 6/5/97 Baltimore Md. Greenmount Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Licen 22. Nama and Addrass of Facility Connelly Funeral Home of Essex 300 Mace Ave. Baltimore Md. 21221 23a. Part1. Entar tha disaasa, or con shock, or haart failura. List only Approximata Intarval Batween Onsat and Death plications that causad the in. Do not antar the mode of dying, such as cardiac or respiratory arrest, **Physician** Immediata Causa (Final disaasa or condition rasulting in daath) /Medical a Gastrointestinal Bleeding Examiner 12 Hours Dua to (or as a consequence of) Examiner physicien and the buriel-transit Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaase or Injury Dua to (or as a consequence of): Box 68760. certificata be Physician/Medical that Initiated evants rasulting in death) Last Dua to (or as a consequence of): attending esn for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the 3 1 Yes 2 No 3 Probably 4 Unknown Records, by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy peen cardificate has 1 ☐ Yas 2 No 1 TYas 2 No. of Vital 25. Was casa rafarred to medical axaminar? 26. Placa of Daath (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☑ DOA Othar: 4☐ Nursing Homa 5☐ Rasidance 6☐ Othar (Specify) 1 Yas 2√2 No 2 funeral 28a. Data of Injury (Month, Day Yaar) 27. Mannar of Death 28b. Tima of 28d. Dascribe how Injury occurred 28c. injury at Work? Director: Aftar t Certification: Division Attending 1 K Natural 5 Panding Invastigation 1 Yas 2 No 2 Accidant 6 Could not be datarmined 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 3 Sulcide 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 6 4 Homleida 6 Within Mount Medical 29a. Certifiar 1 Cartifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and place, and due to the causa(s) and mannar as stated.

| Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and mannar stated. (Check only To the 29b. Signatura and unit of contillo 29d. Data signed (Month, Day, Yaar) 29c. Licansa number 6-1-97 D#27315 30. Nama and addrass of person who domplated causa of daath (Itam 23a) (Type, Print) 9000 Franklin Square Dr. M.L. Frydenborg MD. Balto, Md. 21237 31. Data filed (Month, Dāy, Yaar)

Registrar

JUN 0 3 1997



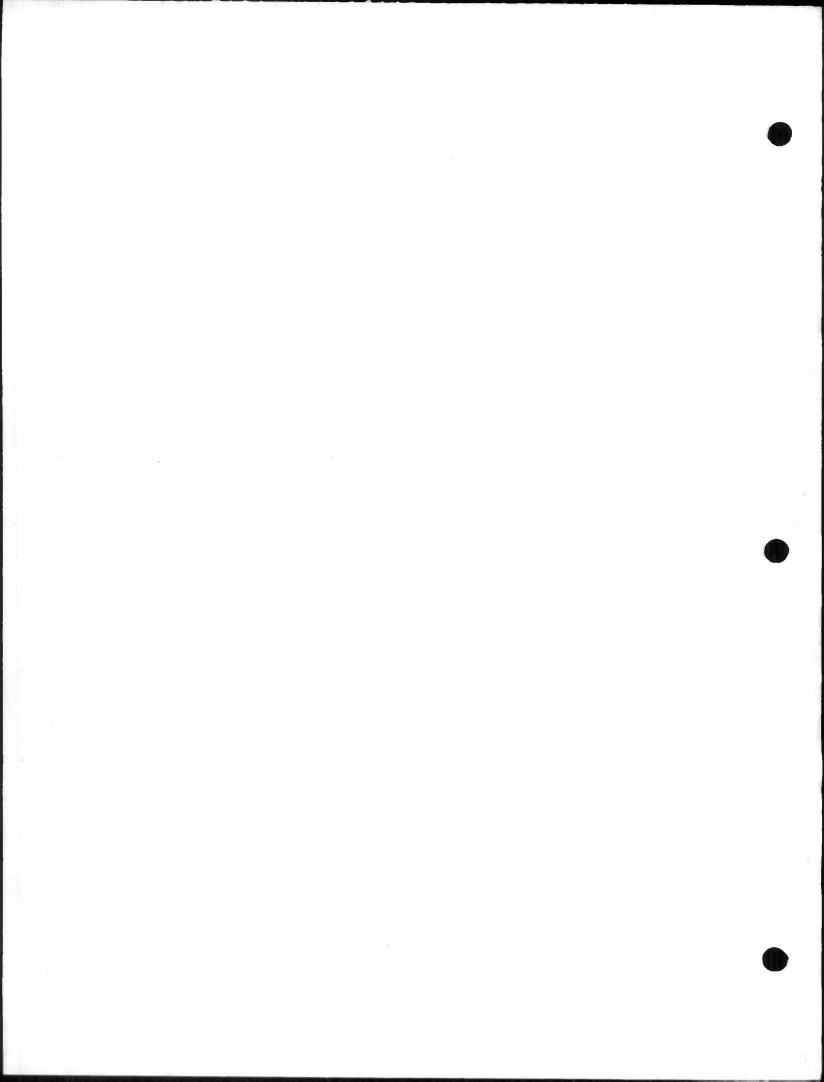
State

cian. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

| e law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. | has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should | Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. |
|---|---|---|---|
| TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w | TO THE FUNERAL ORRECTOR: After this certificate has been signed by the attending physician and con- | be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, | IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic e |

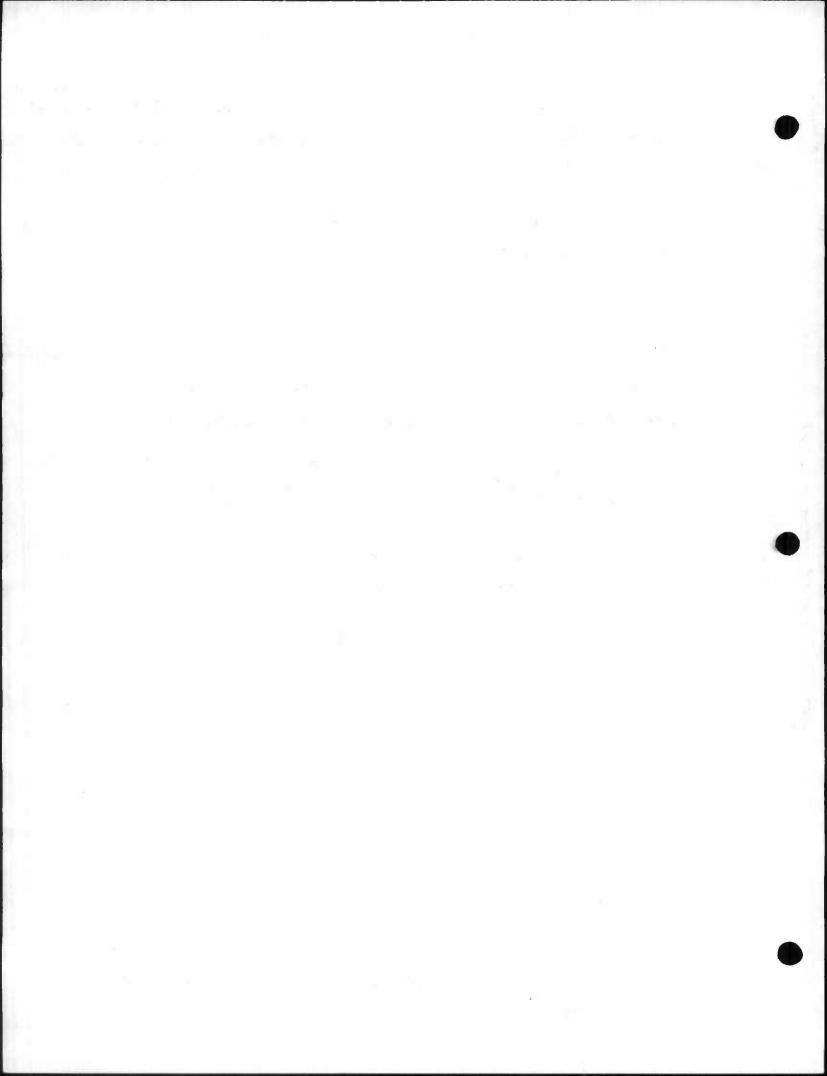
| | FOR STATE REGISTRAR | TATE OF MARYL | AND / DEPARTI | MENT OF H | EALTH AND I | MENTAL HYGIEN | E | |
|---------------------|--|---|---|--------------------------------|-----------------------------|--|----------------|---|
| | | IAEL | J | CHA | RT | 2. DATE OF DEATH DATE OF O CO | 2 9 | 7 1:48 AM |
| | 7 | KM2 □ F 7 | 75 YRS. | F UNDER 1 YEAR ONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | | 1922 We | IRTHPLACE (State or Foreign ountry) St Virginia |
| POR | Baltimore VA Medica Residence of Decement | | | | r location of de timore | АТН | se. COUNTY O | |
| DIRECTOR | 100. STATE 10b. COUNTY Maryland N/A | | 10c. CITY, 1 | TOWN OR LOCAT | etimore | | | 10d. INSIDE CITY LIMITS? 1 X YES 2 NO |
| FUNERAL | 100. STREET AND NUMBER 16 S. Broadway | | | 101. | 21231 | | 10g. CITIZEN C | OF WHAT COUNTRY? |
| BY FUN | 11. MARITAL STATUS 12. | was decedent ever in Forces? 1 [X] yes if yes, give war or down I I | 2 NO | 13. WAS DEC | city Cuban, Maxica | IIC ORIGIN? (Specify Yes n, Puarto Rican, etc.) | | RACE — American Indian, Block, White, alc. Specify: White |
| COMPLETED | 15. DECEDENT'S EDUCATIO (Specify only highest grade composition of the | DN bleted) bliege (1-4 or 5+) | 16a. DECEDENT'S US (Give kind of wor life. Do NOT use i Labore | k done during mo: retired.) | | 166. KIND OF BUS | | av |
| BE CON | 17. FATHER'S NAME (First, Middle, Last) JOE Chart | .02 | | | 16. MOTHER'S NA | ME (First, Middle, Malden hie Cher | Surname) TY | |
| TO B | 19a. INFORMANT'S NAME (Type/Print) Helen Chart (six | ster) | | | | Route Number, City or Tow Baltimore, | MD 212 | 36-5552 |
| | 20. METHOD OF DISPOSITION 1 X Burlai 2 Cremetion 3 management 4 Donation 5 Other Green 21. SIGNATURE OF VINERAL SERVICE DOCUMENT | | PLACE AND DATE OF COMMENTS OF COMMENTS OF A | Faith 22. NAME AN Sch | Cem. DADDRESS OF FA | | es, Inc | Maryland |
| | 23. PART I. Enter the diseases, or companies block, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) | | ech line. | | de of dying, suc | | N KNOW | Approximate Interval Between Onset and Death |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | , | A CONSEQUENCE OF): | | | | | |
| AL | PART II. Other eignificant conditions co | intributing to death b | out not resulting in | the underlying | g cause given in | Part I. 24a. WAS AN PERFO | RMED? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| CIAN: | DID TOBACCO USE CONTRIBI 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | UTE TO CAUSE O | 26. PLACE OF DEATH | (Check only one) | UNCERTAI | N X | | |
| BY PHYSICIAN: MEDIC | 1 VES 2 NO 27. MANNER OF DEATH Natural 5 Pending | Inpetient 2 ☐ ER/Out | patient 3 DOA 4 | OF 26c. INJ | URY AT | 6 Other (Specify) 28d. DESCRIBE HOW | INJURY OCCURE | ED . |
| | 2 Accident investigation 3 Suicide 8 Could not be 4 Homicide detarmined | 26s. PLACE OF INJURY building, etc. (Spe | | eet, factory, offic | • | 281. LOCATION (Street City or Town, State | | ural Floute Number, |
| COMPLETED | 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O | | | | | | | use(a) and manner as stated. |
| TO BE (| 29b. SIGNATURE AND TITLE OF CERTIFIER Attantant 30. NAME AND ADDRESS OF PERSON WHO CO | mD) | BUSE S | stabt | AU 417 | MBER 6 435 8729 | | OZ/97 |
| | | ASID | 22 S. Gre | | ., Balti | more, MD | 21201 | |
| | JUN 0 3 1997 | | son-Aundall | | | | | |



State of Maryland / Department of Health and Mental Hygiene

16727

| | 1 | | | Certificat | e of | Death | | Reg. | No. | 1 | 1012 | | |
|--|---|--|---|--|----------|---|-----------------------------------|------------------|-----------------------------------|-----------------------------|---|--|--|
| Physician | | 1. Decedent's Neme (First, Middle, Las | | | | | 2. Dete of D Month | | Dey | Year | 3. Time of Deeth | | |
| /Medical | ı, | Anna May Co | | | | 4h Cibu Taum and | | 30, | | | 9:10 A | | |
| Examiner | | 4e. Fecility Name (If not institution, give SAINT JOSEPH | MEDICAL CEN | 1 24.14 | | 4b. City, Town, or Lo | | etn | 4c. County BAI | of Deeth | RE | | |
| Funeral Director | | 5. Sociel Security Number 215-30-9206 Usuel Residence of Decedent | 7. Age (In yrs. la ☐ M 2 💢 F 6 1 | Yrs. If Under Months | Deys | | 8. Dete of B (Month, D Aug. | irth 12, | ^{nar)} 1935 | 9. Birthpl Count Mary | lece (Stete or Fore trx) Kand | | |
| r 28a-f show | | 10a. Stete 10b. County | | Town or Location | 0 4 : | | | | | 10 | 0d. Inside City Lim | | |
| or 28a-f s | 2 | Maryland Baltimo | te | 10f. Zip | | nore | | 100 | Citizen of \ | Albat Coun | | | |
| 23a or | | 811 Bowleys Quar | ters Road | | 212 | 220 | | | и. | S.A. | | | |
| should be filed within 72 hours after deeth with the Maryland and Mental Hygiens. Ind Mental Hygiens. Ind Mental Hygiens. To Be Commissed by Filips at Director. | 2 | 11. Marital Stetus 1 □ Never Married 2 □ Married 3 Ø Widowed 4 □ Divorced | 12. Was Decedent Ever in U,S Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Yeer or Dates: | 13. Was Deced If Yes, specific Yes | | Hispenic Origin? (Sp- ben, Mexicen, Puerto Specify: | ecify Yes or N Rican, etc.) | lo- | | e - America ck, White, e | etc. | | |
| ed within 72 hours ygiena. or than "natural". f. the Maximal English | | 15. Decedent's Edi (Specify only highest gred | ucetion de completed) | 16a. Decedent's Usua (Give kind of wo | ol Occu | upation e during most of work ed) | ing | 16b | . Kind of B | usiness/Ind | lustry | | |
| r than | 2 | Elementery/Secondary (0-12) 12th grade | College (1-4or 5+) | Mainten | | • | | C | un Ma | nu Lac | turing C | | |
| other I | | 17. Fether's Neme (First, Middle, Last) | | marnen | ince | 18. Mother's Name | e (First Middl | | | | runcing c | | |
| h end Mental H Is merked off raumetic ever | 0 | George Row | land | | | Anna Ma | | | | .0) | | | |
| 4 0 2 6 | | 19e. Informent's Name/Reletionship (T Frederick Cook | ype, Print) (SON) | | | AVENUE, B | | | - | Stete, Zip 21234 | | | |
| | | 20e. Method of Disposition 1 X Burial 2 □ Cremetion 3 □ 1 4 □ Donetion 5 □ Other (Specify, | Removal from State 08 | ece of Disposition (Nar Imetery, cremetory or of Lly Hill Me | ther pl | | Dete 5/2/97 | | Location - | | | | |
| permit. Pa Depertmen Important: any injury once. | | 21. Signature of Fune of Service Users | 100 | Schim | une | ress of Fecility Lk Funeral Lair Rd., 1 | Homes, | In | ic. | 2123 | 6 | | |
| Physician | | 23e. Peril . Enter the disease, or comb shock, or heart feilure. List only o | lications that coused the deeth no couse on each line. | . Do not enter the mod | e of dy | ring, such es cardiac | or respiretory | errest, | | | Approximete Intervel Between Onset and Deeth | | |
| /Medical Examiner | | Immediate Cause (Final disease or condition resulting in deeth) | e. CARDIOGENI | C SHOCK | | | | | | | 1 DAY | | |
| | 5 | | Due to (or MITRAL REG | es e consequence of): | M | | | | | | 1 DAY | | |
| physician end the burial-transit | TVAILI | Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated, events | b | es e consequence of): | /IN | 1 30 | | | | | 1 DAI | | |
| ing e as | 3 | Ceuse (Diseese or injury thet initiated events resulting in deeth) Lest | cDue to (or | es e consequence of): | | | | | | | | | |
| | | Pert II. Other significant conditions co | ntributing to death but not resul | Iting In the underlying o | euse a | iven in Pert I | 23b. Die | d tobac | cco use co | ntribute to | the cause of dea | | |
| as that the death or igned by the attend be detached for us by Physician | | | and any to south out hot loss | and the disconying o | ouse g | | | | 2□ No | 3 Prob | | | |
| aw requir | a policied | | | | | | 24a. We | s en e | utopsy !? | ave | ere eutopsy finding elleble prior to impletion of cause deeth? | | |
| | | | | | | | 10 | Yes | 2X No | 1□ | Yes 2XNo | | |
| certificate rector, pag | 3 | 25. Wes case referred to medical exeminer? | (A. 1796). | | | 26. Place of Deet | h (Check only | one) | | | | | |
| this of the Direction o | 2 | 1 ☐ Yes 2 📉 No | | R/Outpetient 3 DO | /A | ther: 4 Nursing Ho | | | | | ') | | |
| as or Attending Physician: rs aftar death. al Director: After this certific led in by the funeral director, Certification: To Be (| 27. Manner of Deeth 1 Neturel 5 Pending (Month, Dey Year) 28b. Time of Injury et Work? 1 Accident Investigation 28c. Dete of Injury 28c. Injury et Work? 1 Yes 2 No | | | | | | | | 28d. Describe how injury occurred | | | | |
| s effar d at Direct ed in by | | 3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined | 28e. Place of Injury - At hor building, etc. (Specify) | ne, ferm, street, fectory | , office | • | 28f. Location City or To | (Stree own, S | t e <i>nd N</i> umt tete) | er or Rura | I Route Number, | | |
| Hospi 4 hou Funer tely fill | | 29e. Certifier (Check only one) 1 Cartifying Phy 2 Medical Exami | sician: To the best of my know ner: On the basis of exeminetic end manner stated. | rledge, deeth occurred on end/or Investigation | et the t | time, dete end plece, opinion, deeth occurr | end due to the red et the time | e ceus | e(s) end me end plece, | anner as st end due to | eted. the cause(s) | | |
| within 2 To the comple | | 29b. Signeture end title of certifier | | 290 | | nse number | | 29d. | Dete signe | d (Month, I | Dey, Year) | | |
| | | Dans | no | 200 | D | 30263 | | | 5-30 | 0-9- | 7 | | |
| 17 | | 30. Neme end eddress of person who co | mpleted cause of death (Item M.D., 7620 | 23e) (Type, Print) YORK ROA | D, | TOWSON, | MARY | LAN | ID 2 | 1204 | | | |
| State Registrar | | 31. Dete filed (Month, Dey, Year) | Guia Durdson | Bridelle | | | | | | | | | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6728 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Tima of Death Month RENEE COFFEY LEALER 11.30 Am May 1997 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death BALTIMORE n/a MEMORIAL HOSPITAL UNION 5. Social Security Number If Undar 1 Yaar If Under 24 Hrs. 8. Data of Birth North, Dey. Year 5 9 7. Age (In yrs. last birthday) 9. Birthplaca (State or Foraign Days Hours 1□ M 2□xF BALTIMORE, MD 37 213-70-1121 Yrs. Usual Residence of Decadant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits BALTIMORE MD n/a 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? UNITED STATES 21212 CHATEAU AVNUE 537 12. Was Decedent Evar In U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 14. Race - American Indian, Black, White, etc. 1 Never Marriad 2 Marriad 1 ☐ Yes 2 ☒ No Specify: Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 15. Decadant's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) PRIVATE DUTY Elamentary/Secondary (0-12) College (1-4or 5+) year Col (HOME ATTENDING) NURSE'S ASSISTANT 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Surname) MARIE MEADOWS CAIN KNOX SR. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) AVE., BALTIMORE, MD 21212 WINSTON THOMAS MARY 20b. Placa of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, Stata XX Burial 2 Cremation 3 Removal from State 6-2-97 4 □ Donation 5 □ Other (Spacify) randallstown, md memorial park 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility wm. c. march fh.-4300 Wabash Avenue 23a Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Meningstis Immediate Cause (Final disaase or condition resulting In death) 2 day 5 Due to (or as a consequence of) 23b. Did tobacco use contributa to the cause of death? In fection 1 Tes 2 No 3 Probably 4 Unknown 24a. Was an autopsy

Physician /Medicai Examiner

or Attending Physician: The law requires that the death certificete be exe

this certificate

After

Director:

completely filled in by

Kenee

Physician

/Medical

Examiner

Funerai

Director

"natural", or items 23a or 28a-f show

pernit. Pages 1 end 2 should be filed within 72 hours after to Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or Item any injury or other traumatic event, in Med call Ena chine.

Baltimore, Maryland 21215-0020

Director

Funeral

Completed by

Be

Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In daath) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Completed by 24b. Were autopsy findings available prior to completion of causa of death? 1 □ Yas 2 No 25. Was case referred to medical examiner? Be 26. Placa of Daath (Chack only one) 1☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Nopatient 2 ER/Outpatient 3 DOA 27. Mannar of Death 28b. Time of Injury 28d. Describe how Injury occurred 28c. Injury at Work? 1 Natural 5 Pending Invastigation 1 ☐ Yes 2 ☐ No 2 ☐ Accident

6 Could not be datemined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 28e. Place of Injury - At homa, farm, street, factory, office building, etc. (Spacify) 4 Homicide

29a. Certifler (Check only one)

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and placa, and due to tha cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha time, date and placa, and due to the cause(s) and manner stated. 29b. Signature and litle of certifiar 29d. Date signed (Month, Day, Year)

M.D. 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

un; vers; ty pkwy, Baltimore mo 2/2/8

Registrar

31. Data filed (Month, Day, Yaar) JUN 0 3 1997

201E 32 Registrate Signature

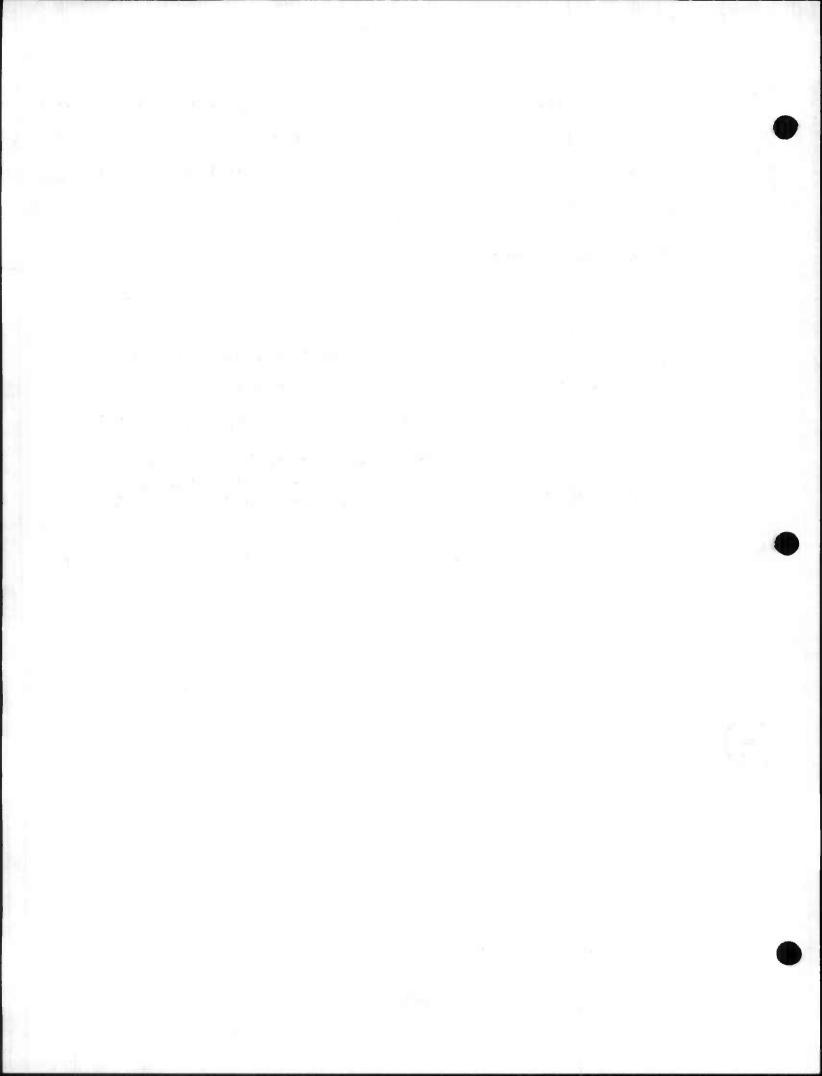
AND THE RESERVE OF THE PARTY OF

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

16729

| Physician /Medica | | 1. Decedent's Nar | | o, Last) Alice Jan | e Car | nale | modio o | Doan | | 2. Dete of De Month | Dey | 9 ^{Year} | 3. Time of Death |
|--|---------|--|------------------------------------|---|---|-----------------------------------|--|-----------------------------|-------------------------|--|----------------------------------|-----------------------|--|
| Examine | | | | n, give street and number | | | | | own, or Lo | ocation of Deat | | y of Death | _ |
| Funeral Director | | 5. Social Security I | Number | | 10 (In yrs. 16 | ast birthday) Yrs. | If Under 1 Year Months Day | r If Unde | r 24 Hrs. | 8. Date of Bir (Month, De AUG 7, | th | 9. Birth | u nplace (Stete or Fore untry) vland |
| death with the Meryland me 23a or 28a-f show must be nothled at | | Usual Residence of 10a. State | 10b. County N/A | | | , Town or Loca | ation | | | | | | 10d. Inside City Limi |
| rith the Meryle or 28a-f show | | 10e. Street and No | umber | | | | 10f. Zip Code | | | | 10g. Citizen of | Whet Cou | untry? |
| 23a o | 2 2 | 609 Sout | th Pulas | ski Street | | | 2122 | .3 | | | USA | | |
| or Its | | | rried 2 Marri | 12. Was Deceden Armed Forces ied 1 Yes 2 if Yes, Give Year or Dates | No No | | as Decedent of Yes, specify Cu □ Yes 2 X N | | | ecify Yes or No Rican, etc.) | | ce - Amerack, White | |
| "naturel", | 100 | | 15. Decedent | 's Education | | 18a. Decede | nt's Usual Occ | upetion | | | 16b. Kind of E | Business/l | ndustry |
| | ndu. | Elementery/Sec | | ct grede completed) College (1-4or | r 5+) | | ind of work don O NOT use reti | | | | | | |
| Hygie ther the | 3 | UNK . 17. Fether's Nems | (First Middle I | (ast) | | Accts. | Receiv | | | | Offic Maiden Suma | | rk |
| should be filed within and Mental Hygiene. marked other than ametic event, the Market Company. | 0 | | ıknown | | | | | | Unkno | | , melodii odina | | |
| s 1 and 2 should be filed within f Heelth and Mental Hygiene. Item 27 is marked other than other traumstic event, the Managarana To Reformal | | 19a. Informent's N John E. I | | | | | | | | | er, City or Town Lkridge | | |
| Pages 1 nent of He nt: If Item iry or oth | | 20a. Method of Dis | | 3 ☐ Removal from State | | ace of Disposi metery, creme | tion (Neme of etory or other p | lece) | | Date | 20c. Location | - City or T | Town, State |
| t. Pag tment tant: Jury | | 4 Donation | 5 Other (Sp | pecify) | | | | | | | timore, MD | | |
| permit. Pages 1 and 2 Department of Heelth el Important: If Item 27 is eny injury or other tra: | | 21. Signature of Fune at Service Licensee Dawn F, McDonald 22. Name and Address of Facility Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 2128 | | | | | | | | | | | |
| | + | 23a. Part1. Enter | , | onald complications thet cause only one cause on each | ed the death | | | | | | | 2128 | Approximate |
| Physician /Medical Examiner | | Immediate Cause disease or conditi resulting in death) | on | a | | as a consequ | | nel | ىدا | l car | م | 1 | Onset and Death |
| en end iriel-trans | LAGIII | Sequentially list or if any, leading to it cause. Enter Und Cause (Disease o | onditions, mmediate lerlying | Б | Due to (or | as e consequ | ence of): | | | | | | -, |
| the death certificate be executed y the ettending physicien and sched for use as the buriel-transit wysician/Medical Examiner | Imedica | cause (Disease of that initiated event resulting In death) | 15 | c | Due to (or | as a conseque | ence of): | | | | | | |
| the ettern the ottern shed for us | | Port II Other plani | ificant condition | na contributing to death | but not requi | blog in the unc | lach in a sauce | niven in David | | 22h Did | tohacca use o | antelbuta: | to the cause of dear |
| at the death | 2 | ant in Other digin | | | Dat Hot 1630 | ang in the dire | lenying cause | givoir iii r oii | | | Yes 2 No | | obably 4 Unkno |
| Completed by | | | | | | | 11 | | | 24a. Was perfo | an eutopsy ormed? | C | Vere autopsy finding veilable prior to completion of cause f death? |
| Tha ate page | 5 | | | | | | | | | 10 | Yes 21 No | 1 | ☐ Yes 211No |
| clan; bertition rection, | 3 | 25. Was case refe examiner? | | I be an ideal. | | | | | ce of Deat | h (Check only o | one) | | |
| hys al di | | 1 ☐ Yes 2 ☐ 27. Manner of Dea | | Hospital: | | R/Outpatient | 3LI DOA | | lursing Ho | | denca 6 □Ot | | rify) |
| tal or Attending Physis effer death. al Director: After this ed in by the funeral di | | 1 ☑ Naturel 2 ☐ Accident 3 ☐ Suicide | 5 Pending Investig 6 Could n | ation | . Date of Injury (Month, Dey Year) 28b. Time of Injury Work? M 28c. Injury et Work? 1 □ Yes 2 □ No 1 Place of Injury - At home, farm, street, factory, office building, etc. (Specify) | | | | | 28d. Describe how injury occurred 28f. Location (Street end Number or Rural Route Number, | | | |
| 구 등 등 등 | | 4 Homicide | determi | | | | | | | City or To | wn, Stete) | | |
| To the Hospital within 24 hours or To the Funeral completely filled | 5 | 29a. Certifier (Check only one) | 1 Certifying 2 Medical E | Physician: To the best Examiner: On the basis of end manners | of examinati | rledge, death o on and/or inve | occurred et the stigation, In my | time, dete a opinion, de | nd place, eth occurr | and due to the red et the time, | cause(s) and n date end place | anner as , and due | stated. to the cause(s) |
| Meithin To the compl | | 29b. Signature end | d title of cartifier | | | | 29c. Lice | nse number | | | 29d. Date sign | ed (Month | , Dey, Year) |
| | | m | | 04- | - N | 10 | 24 | 0850 | | | June | . 2_ | 1997 |
| 15 | | 30. Name and dd | ress of person v | who completed cause of | death (Item | | rint) | 70 C | ATOR | V AVE | | | 26 MD 212 |
| | - 1 | | 3 1997" | 0 | | 7.00 | | | | | | | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item 17,18 Per FH Film G748 6=10-97 rja Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death **Physician** Month Collins Ruth Lillian June 2, 1997 7:00 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner 951 Breakwater Drive Annapolis Anne Arundel | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | Months | Deys | Hours | Min. | MAR 1.8, 1905 5. Sociel Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign **Funeral** 1□M 21☑F 92 Vrs Illinois Director 545-30-2198 Usuel Residence of Decedent the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner must be notified at MD Anne Arundel Annapolis YOYes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8 951 Breakwater Drive 21403 items 23a USA Pages 1 and 2 should be filed within 72 hours after death vent of Health and Mental Hygiene.
Int: If items 27 is marked other than "natural; or items 23s mir: if items or items 23s my or other traumatic event, its Mence Funeral 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Yes 2 No
If Yes, Give
Year or Dates: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes X☐ No Specify: þ Specify: 3 ₩ Widowed 4 Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Allen McQuire Frances Francis Donick Mc Quarrie 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Cheryl G. Chambers/daughter 951 Breakwater Dr. Annapolis, MD 21403 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Date 1 ☐ Buriel 2 Ă Cremation 3 ☐ Removei from State Department of Important: if any injury or once. Metro Crematory, Inc. 6/3/97 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, MD 21. Signature of Funerel Service Licensee Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 George E. MacNabb

299 Frederick Rd. Baltimore

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** Colon Caneza /Medical Immediate Cause (Final diseese or condition resulting in deeth) Examiner Due to (or as a consequence of): Examiner sician end burial-transit that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): physician s the burial P.O. Box 68760, Physician/Medicai Due to (or es e consequence of) 88 Pert II. Other signiffcent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. þ Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evaileble prior to completion of cause of deeth? 1 Yes 2 No 1 Tyes 2 No Division of Vital or Attanding Physician: Be 25. Was case referred to medical certifi 26. Plece of Death (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetlent 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To this in by the funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Day Yeer) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 5 Pending 1 Naturel after death. 1 Yes 2 No investigation 2 Accident 3 Suicide 6 Could not be determined Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral E Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

State Registrar

egistrar 3011 00 13

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

John Tock son LD, 2003 by d clair / km + 100, tempole LO 21401

31. Deterfiled (Month, Day Year)

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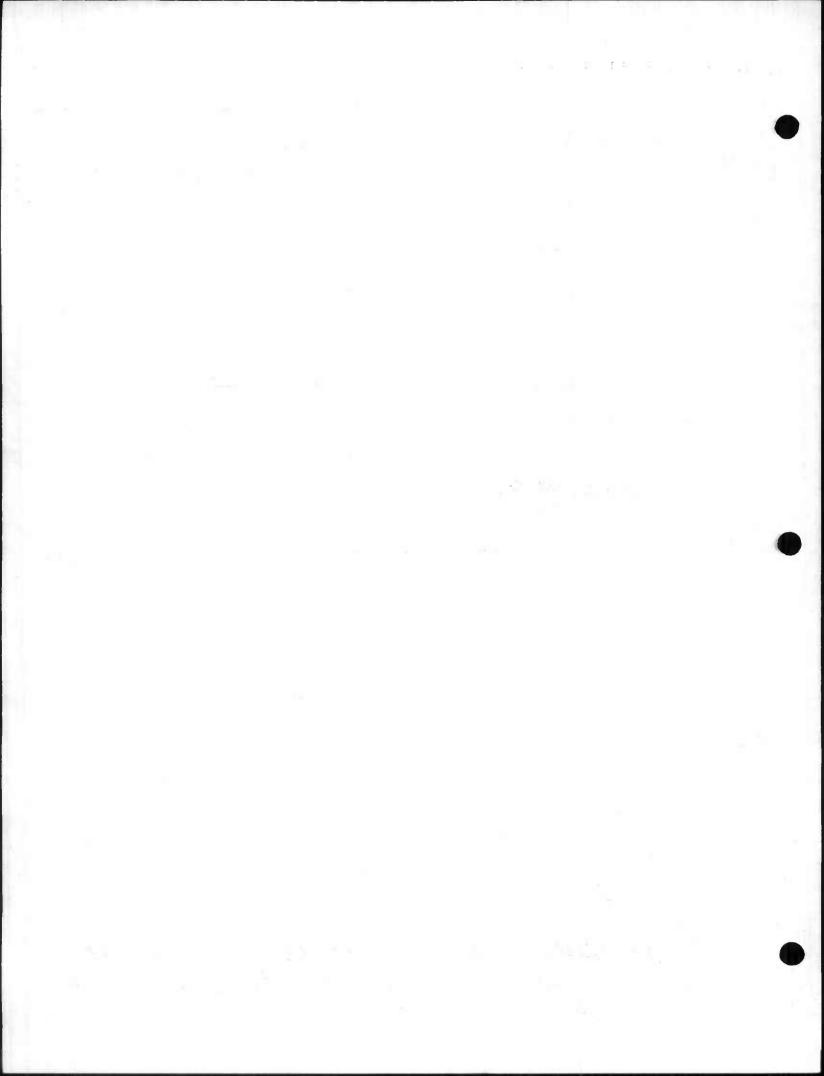
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| 1. | | | | Certinic | ale U | f Death | | Reg. No. | | | | |
|---|--|---|--|--|---|--|--|--|-------------------------------|---|--|--|
| ian | Decedent's Neme (First, Middle, | Lest) | | | | | 2. Dete of Do | | Year | 3. Time of Death | | |
| cal | Bertha Mary Coo | oper | | | | | June 01 | | 1 Gai | 8.20PM | | |
| ner 46 | e. Fecility Neme (If not institution, g | give street end number) |) | | | 4b. City, Town, or | Location of Deet | th 4c. Count | of Deeth | | | |
| | Ivy Hall Geria | tric Center | | | | Baltimor | e | Balt | imore | 2 | | |
| | Social Security Number 212-22-9137 sual Residence of Decedent | 1 □ M 2 □ F | ge (In yrs. le 7 1 | Yrs. if U Mon | nder 1 Yea ths Deys | | | rth ey, Year) 18,1925 | 9. Birth Cour MD | plece (Stete or Foreign ntry) | | |
| | Da. Stete 10b. County | | 10c. City | Town or Location | | | | | | 10d. Inside City Limits | | |
| ō | MD Balt: | imore | Ва | ltimore | | | | | 1 ☐ Yes 2 No | | | |
| Director | De. Streef end Number | | | | . Zip Code | | | 10a Chizon of | What Cau | | | |
| | 6700 Didas Pos | 4204 | | | 212 | | | 10g. Citizen of Whet Country? | | | | |
| 9 1 | 6708 Ridge Road Markel Stefus | 12. Wes Decedenf | Ever in U.S | 13 Wes D | | | Specify Ves or N | USA | e - Ameri | can Indien, | | |
| by Funeral | 1 Never Married 2 Married 3 Widowed 4 Divorced | Armed Forces? | | If Yes, | specify Cu | Hispanic Origin? (: ban, Mexicen, Pue Specify: | rto Ricen, etc.) | Ble Specif | ck, White, | | | |
| Completed | 15. Decedent's (Specify only highest of | Education | | 16e. Decedent's | Usuel Occu | upetion | 16b. Kind of Business/Industry | | | ndustry | | |
| nple - | Elementery/Secondary (0-12) | College (1-4or | 5+) | life. DO NO | T use retir | e during most of wo | orking | | | | | |
| Ö | 12 | N/ | | Administ | rativ | e Assist | ant | IRS | | | | |
| e 17 | . Fether's Neme (First, Middle, La | st) | | | | 18. Mother's Na | me (First, Middle | , Maiden Sumai | ne) | | | |
| 0 | James F. Leche | rt | | | | Bertha | E. Broz | ozowski | | | | |
| | 9e. Informent's Neme/Reletionship | | | | | et end Number or F | | | | Code) | | |
| | Dave Malkowski | - Nephew | | 136 Wild | 0ak | Rd., Sev | erna Par | k, MD 2 | 1146 | | | |
| 20 | be. Method of Disposition 1 ☐ Buriel 2 ☐ Cremefion 3 4 ☐ Donetion 5 ☐ Other (Spec | | ce | metery, cremetory | or other pl | | J-WE 3 | 20c. Location | | own, Stefe | | |
| 2 | 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility Lemmon Funeral Home | | | | | | | | | | | |
| | Victor Lens 3a. Pert1. Enter the disease, or co shock, or heart feilure. List on | | | | | | | | 21093 | 3 | | |
| O UI | | c | Due fo (or | es e consequence | of): | | | | | | | |
| D 10 | thet initiated events resulting in deeth) Lest Due fo (or es e consequence of): d. | | | | | | | | | | | |
| 2 | | d | | | | 14 | | | | | | |
| 2 | rt II. Other significant conditions | dcontributing to death be | uf not result | ting in the underlyin | | iven In Pert I. | 23b. Did | tobacco use co | ptribute to | o the cause of death? | | |
| Physician/M | rt II. Other significant conditions | dcontributing to death be | uf not result | ing in the underlying | | iven In Pert I. | | tobacco use co | | o the cause of death? bebly 4 Unknown | | |
| by Physician/M | rt II. Other significant conditions | dcontributing to death be | uf not result | ing in the underlying | | iven In Pert I. | 1 - 24e. Wes | _/ | 3 ☐ Proi | | | |
| by Physician/M | rt II. Other significant conditions | dcontributing to death be | uf not result | iting in the underlying | | iven In Pert I. | 1 - 24e. Wes | Yes 2 No en eutopsy ormed? | 3 Prol | ere sutopsy findings sileble prior to mpletion of cause | | |
| Completed by Physician/M | . Wes cese referred to medical | dcontributing to death be | uf not result | iting in the underlyin | | | 24e. Wes | en eutopsy omed? | 3 Prol | ere sutopsy findings sileble prior to mpletion of cause deeth? | | |
| Be Completed by Physician/M | | Haenitali | | | ng ceuse g | 28. Plece of De | 24e. Wes perfo | en eutopsy med? Yes 2 No | 3 Prol 24b. We co of | ere sutopsy findings sileble prior to impletion of cause deeth? Yes 2 No | | |
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Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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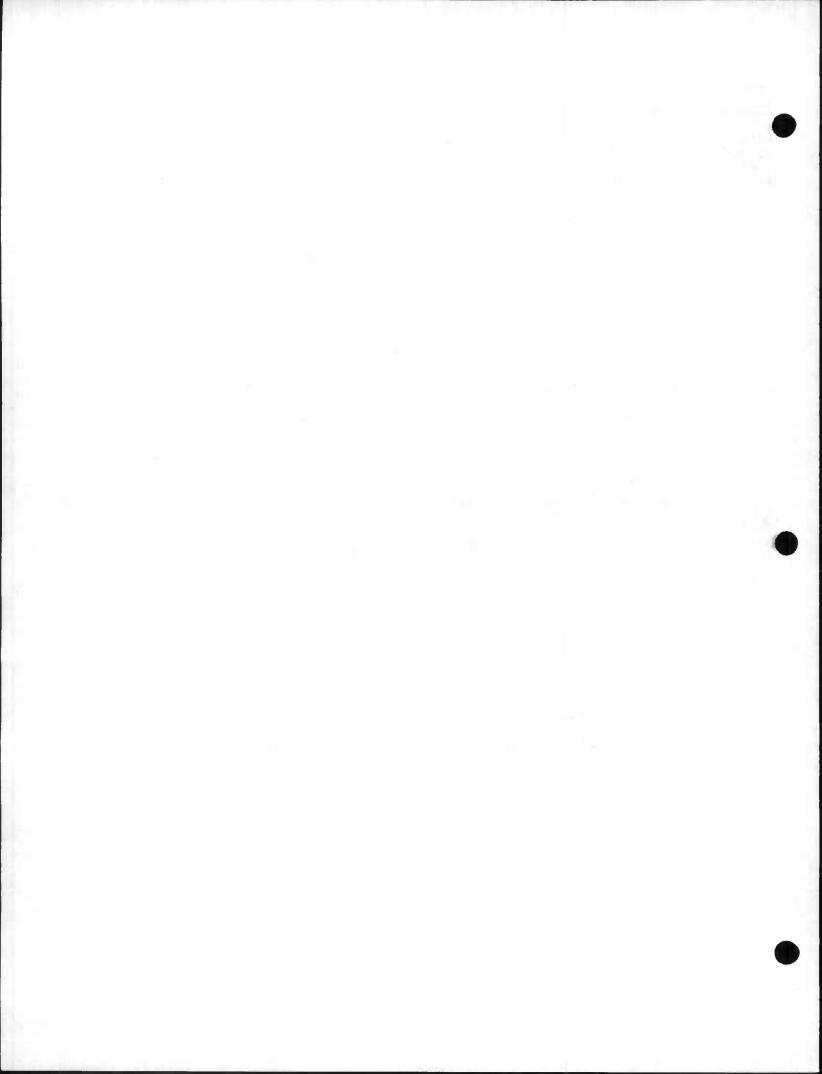
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|---|----------------------------|---|---|---|--|---------------------------|--|--------------------------------|---|---------------------------------|---------------------------------------|---------------------------|---|
| Physic /Medi | | Decedent's Name (First, Mid Charles | | | C | OTTR | ILL | | | 2. Deta of D Month May 30 | Dey 1997 | Year | 3. Time of Death 3:38 pm |
| Exami | ner | 4a. Fecility Nama (If not institut Franklin Squar | | | iter | | | | b. City, Town, or L osedale | ocation of Dea | | of Deeth | |
| Funeral Director | | 5. Sociel Security Number 216–44–5691 Usuel Residence of Decedent | 6. Sex 1√2 M 2□ F | | (In yrs. last bir 49 | thday) Yrs. | If Under 1 \ Months D | eys | If Under 24 Hrs. Hours Min. | 8. Date of 8 (Month, E | irth lay, Year) 14,1947 | 9. Birthp Coun Mary | laca (Stata or Foreig try) land |
| Marylend a-f show | ctor | 10e. State 10b. Coun Maryland Carr | | | 10c. City, Tow | | | | | | | 1 | 0d. Inside City Llmits |
| ith th | Director | 10e. Street and Number | | | | | 10f. Zip Co | de | | | 10g. Citizen of | Whet Coun | try? |
| 72 hours efter deeth with the Marylend natural, or items 23s or 28s-f show dest Examinar must be notified at | by Funeral | 2301 Leeward I 11. Marital Status 1 Never Merried 25 Mi 3 Wildowed 4 Divorce | 12. Was Do Armed 1 Tyes, | ecedent Ev Forces? s 2 P No Give r Dates: | | | | | spenic Origin? (San, Mexicen, Puerto | pecify Yes or No Rican, etc.) | U.S.A. o- 14. Ran Ble Specif | ce - Americ ck, White, | etc. |
| thin 72 hore. | ted | 15. Deced | ent's Educetion nest grada complete | d) | 16e. | Decede | nt's Usuel O | ccupe | ition | kha | 16b. Kind of B | | |
| d within glene. r then | Completed | Elementary/Secondary (0-12 |) College | o/ (1-4or 5+) | | | | ipm | uring most of work | S | | | Equipmen |
| Mentel Merked o | To Be | 17. Fether's Neme (First, Middle Clarence Cottr 19e. Informant's Name/Relatio | i11 | | | | | | 18. Mother's Nem Lillian and Number or Ru | М. | Shank | | |
| permit. Peges 1 and 2 shu Department of Health end Important: If item 27 is m any injury or other traum once. | | Deborah L. Cot 20e. Method of Disposition 1 Runel 2 Cremation 4 Donetion 5 Other 21. Signeture of Euneral Service | n 3 □Removel fro (Specify) | | 20b. Plece of cemetar | Disposing creme aven 22.1 | tion (Neme of the letory or other Memo: Name and A | of r place ria ddrass | ral Home | 1997 s | Glen Bu | rnie, | wn, Stete Maryland |
| Certificate be executed Medical Description and Control of the burief-transit Medical Description and Control of the burief-transit | Physician/Medical Examiner | immediete Ceuse (Final diseese or condition resulting in death) Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseesa or Injury that initiated events resulting in deeth) Lest | Piffu | se so | ue to (or es a o ftenin ue to (or es e o | g of | ence of): brainence of): | n w | ssive, o | а | pariet | al re | gion 1 da |
| t the death by the ette teched for | hysicia | Pert il. Othar significant condi | tions contributing to | death but | not resulting Ir | n the und | lerlying caus | e give | n in Part I. | | tobacco uee co | | the cause of death |
| requires been sign should be | Completed by | | | | | | | | | 24a. We | s en eutopsy formed? | ave | ere eutopsy findings eilabla prior to mpietion of causa death? |
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| Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): | En Skill III | Gary L. | Raurillaii Fi | mierar noi | mes | 01.007 |
| Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 | с | | â | | | 33 man |
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| 27. Mannar of Death 28a. Data of Injury 28b. Tima of Injury at Work? 28d. Data of Injury at Work? | 28a. Data of inj | | 1 | | | ary) |
| 1 Description 1 Descriptio | _ i arioning | | | | | |
| 3 Suicida 6 Could not be datarmined 28a. Place of Injury - At homa, farm, streat, factory, office 28f. Location (Streat and Number or Rural Route N | datarminad 288. Place of it | | office | | | ral Routa Number, |
| building, atc. (Spacify) City or Town, State) | building, a | :. (Spacify) | | City or Town, | , Stata) | |
| | Certifying Physician: To the best | of my knowledga, daath occurred at | tha tima, data and plac | e, and dua to tha ca | usa(s) and mannar as | stated. |
| 29a. Cartifiar (Check only one) 29a. Cartifiar (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause of the time, data and due to the cause of the time, data and due to the cause of the time, data and due to the cause of the time, data and due to the cause | Medical Examinar: On the basis of and manner s | axamination and/or investigation, in ited. | my opinion, daath occ | urred at the tima, da | ata and place, and dua | to tha cause(s) |
| 29b. Signature and title of certifiar 29c. License number 29d. Data signed (Month, Day, Year | of certifiar | 29c. l | License number | 29 | d. Data signed (Month | n, Day, Year) |
| DAMIAS BIRIHEN WD DXXIIY MINI 1997 | MAS BIN | here D | 22114 | 1 | 111.01 199 | 77 |
| 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) DAM FON E. BIRCKESS NO | of person who completed acres of | eath (Item 23a) (Type Print) | AMION E | BIRCH | 89 m | |
| 5411 OLD FREDERICK ROAD, SYLTE 18, BALTEMORE, MD, S/X ag | or herson with combigled cense of | outil (Horris Eou) (1900, 1 mill) 23 a | A 4.1 - A.1. | | | |
| tate 31. Data filed (Month, Day, Year) Registrer's Signatura | PREDERICE | DAD SUTTE 10 | BRLT | MARE | M. N. | 1209 |



Please Type or Print in Black Indelible Ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 16734 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Yaar **Physician** Collins 8:40 am -arL 31 97 May /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daam 4c. County of Death Examiner Charlestown Care Center Catonsville Baltimore 9. Birthplaca (Stata or Foraign Country) If Undar 1 Year 8. Data of Birth (Month Day, Year) 01/19/1912 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** Months Hours ¥ M 2 □ F Days 85 214-05-3172 Yrs. Director Usual Rasidance of Dacadant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location ir than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yas 2 No Baltimore Catonsville 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 715 Maiden Choice Lane 21228 U.S.A. death 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 24 No If Yas, Giva 11. Marltal Status Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural; or the any Injury or other traumatic event, the Medical Examina. 1 Navar Married 2 Married Imore, Maryland 21215-0020 Specify: White 1 ☐ Yas 2 No If Yas, Giva Yaar or Datas: þ 3 Widowad 4 □ Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collaga (1-4or 5+) 12 Packing Specialist Federal Government 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Harry O. Collins Mary Puhl 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Numbar or Rural Routa Number, City or Town, State, Zip Coda) Maureen Danz /Daughter 649 Sussex Road Towson, MD. 21204 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod ot Disposition 20c. Location - City or Town, Stata Data 1 Burial 2 □ Cramation 3 □ Ramoval from Stata Lorraine Park Cemetery 6/3/97 4 ☐ Donation 5 ☐ Othar (Specify) Woodlawn , MD. 21. Signature of Funaral Sarvice Licensas 22. Nama and Addrass of Facility Sterling Ashton Funeral Home, Inc. 736 Edmondson Ave. Baltimore, MD. 21228 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** Immediate Causa (Final disaesa or condition rasulting in deeth) /Medical End 5 tage Congestive heart failure
Due to (or as a consaquanca of): Examiner Examiner physician and the burial-transit Sequentially list conditions, if any, laeding to immadieta cause. Enter Undarlying Causa (Disaasa or Injury that Initiated evants rasulting In death) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequance of): Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Renal Pailure þ 24b. Wara autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy 1 ☐ Yas 2 ☐ No Attending Physician: 25. Was casa refarred to medical exeminer?

1 Yas 2 No 26. Placa of Daath (Check only ona) Hospital: 1 ☐ Inpatlant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) this funeral 28a. Data of Injury (Month, Day Year) 28c. injury at Work? Certification: 27. Magnar of Death 28b. Tima of 28d. Describe how injury occurred Affar 1 Naturei 5 Panding 1 ☐ Yes 2 ☐ No 2 Accident invastigation 6 Could not be datarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Sulcida Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 - Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. Medical 29a. Cartifier (Check only one) 2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. To the Within To the 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) D 51051 30. Name end addrass of person who completed causa ot death (Itam 23a) (Type, Print)

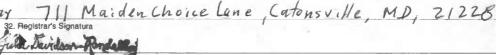
State Registrar

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31. Data filed (Month, Day, Year)

Salazar



Service Service

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth Month 7:40PM Helen Harriet Contee May 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Union Memorial Hospital Baltimore If Under 24 Hrs. Hours Min. Baltimore City If Under 1 Year 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 6. Sex Birthplece (State or Foreign Country) Months Deys 1□M 2₩ F Yrs Jan. 17, 1906 Maryland 216-46-8843 91 Usuel Residence of Decedent 10c. City, Town or Location Baltimore 10a. State 10b. County 10d. Inside City Limits Baltimore City 1 Yes 2 No 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 21218 U.S.A. 3209 North Charles Street 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Merried 2 Married Specify: White 1 ☐ Yes 2 No Specify: 3 □ Widowed 4 □ Divorced 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) unknown unknown unknown unknown 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) John Imirie Mary Boswell 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Richard Contee/son 29390 Hawkes Hill Road, Eastern, Maryland 21601 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☑ Donetion 5 ☐ Other (Specify) 21. Signature of Funer Ronald ²² Name end Address of Fecility Board, 655 W. Baltimore Street Director Baltimore, Maryland 21201 23a. Post 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, which, or heart failure. List only one cause on each line, (ardiac arrythmia (Complete A-V block) Immed ete Ceuse (Finel disees or condition resulting in deeth) 24 hours Due to (or es e consequence of): Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Metastatic renal 24b. Were eutopsy findings evelleble prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 HNo 25. Wes cese referred to medicel exeminer? 26. Plece of Deeth (Check only one) Hospitel:

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-f show

Director

Funeral

by

Completed

Be

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th and Mental Hygiene.
7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Modical Examiner must be notified at

permit. Pagas 1 and 2 should be filed within 72 hours aftar death v
Department of Health and Mental Hygiane.
Important: If Item 27 is marked other than "natural", or items 23a
any lajury or other traumatic event, the Maddel

Maryland 21215-0020

the Maryland

signed by the attanding physician and d be datached for usa as the buriel-transit has After this certificeta

Division of Vital Records, P.O. Box 68760,

Contee

Helen

Examiner

Physician/Medicai by Completed Be

or Attending Physician: Certification: To 27. Menner of Deeth 1 Naturel To the Hospital or Attending within 24 hours efter death.
To the Funeral Director: Afte completely filled in by the fun 2 Accident 3 Suicide 4 Homleide edical

29e. Certifier

6 Could not be

5 Pending Investigetion

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28e. Dete of Injury (Month, Dey Year)

28b. Time of Injury

1 Suppatient 2 ☐ ER/Outpatient 3 ☐ DOA

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. injury et Work? 1 Yes 2 No

29c. License number

28d. Describe how injury occurred 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

1 - Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated.

29b. Signeture end title of certifier

1 Yes 2 No

bria Onullic, MD

AT 243 8946

29d. Date signed (Month, Day, Year)

30. Neme end address of person who completed ceuse of deeth (Item 23e) (Type, Print) 201 East University Pkway-Baltimore, MD-21218

32 Begistrer's Signeture - La Lavidson-Andelle

Registrar

State

1997 0 0 1997

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month 40 ARTHUR DONALD COLLISON MAY 4a. Facility Nema (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Deeth If Undar 1 Yaar If Undar 24 Hrs. Dava Houra Min. Frederick Manor 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Ø M 2□ F 220-36-64 Usuai Residance of Decedent Maryland Yrs. 10b. County 10c. City, Town or Location 10d. Inside City Limita Maryland Frederick 1 ☐ Yes 2 ☑ No Woodsboro 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11418 Whiskey Spring Road 21798 U.S.A. Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yas, apecify Cuban, Maxican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forcas? 14. Race - American Indian, Black, Whita, atc. 1 ☐ Yas 2 ☒ No if Yas, Giva Yeer or Dates: 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yes 2 ₺ No Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Induatry Elementery/Secondery (0-12) College (1-4or 5+) Private Carpenter 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Arthur Donald Collison, Sr. Mary Magdaline Gallagher 19a. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) 21798 Romola M. Collison/wife 11418 Whiskey Springs Road, Woodsboro, Maryland 20a. Method of Disposition 20b. Piece of Disposition (Name of cematary, cremetory or other piece) 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removal from State 4X Donetion 5 ☐ Other (Specify) 21. Signatore of Fundral Service License 22. Neme end Addrass of Facility State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 11. Enter the disaasa, or complications that caused tha death. Do not enter the mode of dying, such ea cardlec or respiretory arrest, bok, or heart feilure. List only one ceuse on each line. Onset and Death Immediata Cause (Final MYOCKEDLA INFARCTION disease or condition resulting in deeth) 16 MONTHS - ESGUNGEN CANCIED Due to (or as a consequence of) Dua to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 10 Yes 2 No 3 Probably 4 Unknown 24e. Was an autopsy performed?

Physician /Medical Examiner

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physician s the buria

ed by the attending property detached for use as

should be dete

page 2

funeral director,

certificate

this

After

24 hours efter death.

within 24 hours efter dea To the Funeral Director completely filled in by th

à

Completed

Be

Certification: To

Medical

88

The law requires that the death certificate be executed

P.O. Box 68760.

Division of Vital Records,

or Attending Physician:

Hospital

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Physician

/Medical

Examiner

10a. State

Funeral

Director

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Examiner must be r

a filed within 72 hours after of if Hygiene. offser than "natural", or them rent, the Medical Examiner.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If them 27 is merked offer any injury or other traumatic event 000s.

Baltimore, Maryland 21215-0020

Director

Funeral

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Examiner Sequentially ilst conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical

24b. Wera autopsy findings available prior to completion of cause of death?

2 No 1 ☐ Yes 26. Pleca of Death (Check only ona)

1 □ Yas 2 □ No

| 25. | Was case referred to medical axaminer? |
|-----|--|
| | 1 Yes 2 No |
| 07 | Manney of Death |

5 Pending investigation

6 Could not be determined

28a. Dete of injury (Month, Dey Year)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

Pleca of Injury - At home, farm, street, fectory, office building, atc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 Yas 2 No

28d. Describe how injury occurred

29a, Certifier

1 Natural

2 Accident

3 Suicide

4 Homlcida

1 Certifying Physician: To the beat of my knowledge, death occurred at the time, date and pieca, and due to the cause(a) and manner as atated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner atated.

29b. Signature and title of certifier

31. Date filed (Month, Day Year)
JUN 0 3 1997

29c. License number

29d. Data aigned (Month, Dey, Year)

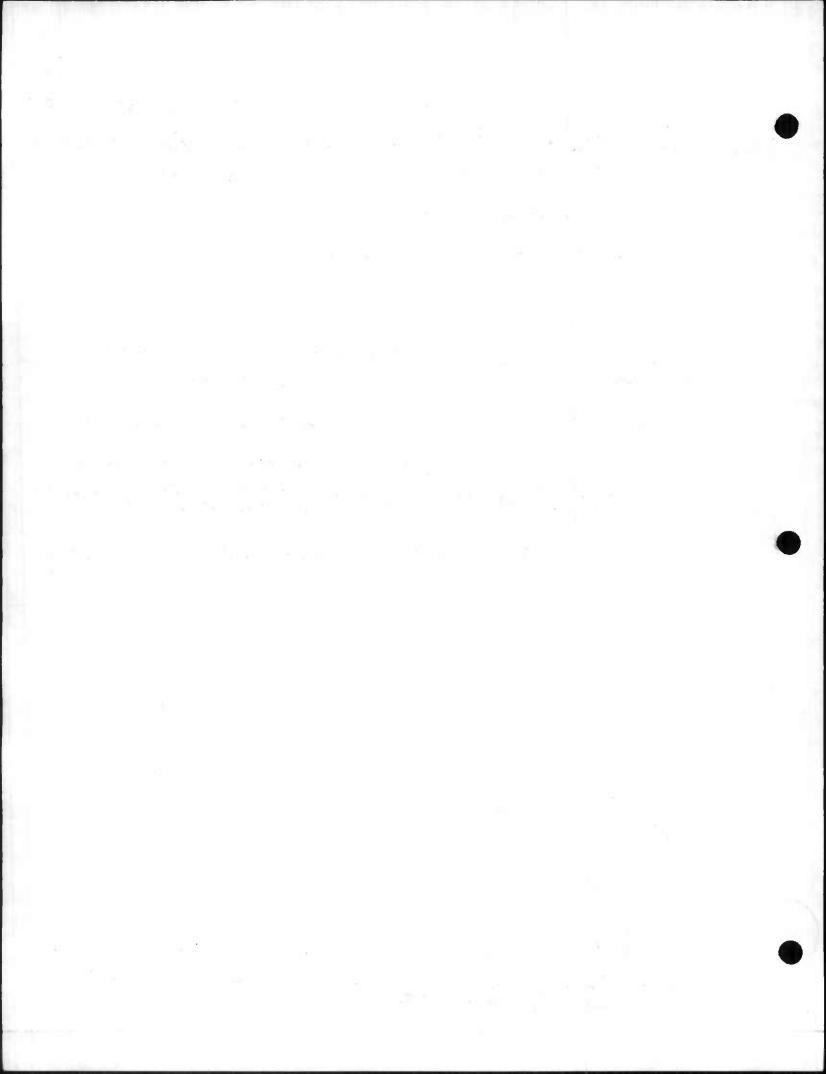
Location (Street and Number or Rural Route Number, City or Town, Stete)

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) (O200 CAPERMINE RD. WOODSRORO MIN 21798 KINGSON WOO M.B.

State Registrar 32. Begistrer's Signature

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| Dhualaia | | | | Certino | cate of Death | | Reg. No. | | | |
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| /Medic Examin | er | 4e. Facility Name (If not institution, give North Arun) 5. Social Sacurity Number 6. Si | a street and number) OEL HOSPI | tal As | 1 / 1 | or Location of Das | ANNE | ARUNDE | | |
| uneral irector | | | ZM 2□ F 77 | Yrs. Mon | | n. (Month, L | Day, Year) 24 1920 | Birthplaca (Stata or Fo Country) Md | | |
| ef show | tor | 10a. Stata 10b. County | | City, Town or Location | | | | 10d. Inside City LI 1 ☐ Yas 2 ☐ | | |
| 23a or 28a | al Director | 10e. Straet end Number 1015 Annapolis | Road | | . Zip Coda 21054 | | 10g. Citizan of W | /hat Country? | | |
| al', o | by Fur | 11. Maritel Status 1 □ Navar Marriad 2 ★ Marriad 3 □ Widowad 4 □ Divorced | 12. Wes Decedant Evar in Armed Forcas? 1 ☐ Yas 2X No If Yas, Giva Yaar or Datas: | | acedant of Hispenic Orlgin? specify Cuben, Maxican, Pue as 2 Mo Specify: | (Specify Yes or N erto Ricen, atc.) | 14. Race - American Indian, Black, Whita, atc. Specify: White | | | |
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| nd 2 should be filled within 72 hours aft that and Mental Hygiones 77 la marked other than "natural", or traumatic event, the Medical Examples | Con | 12 | N/A | Freigh | t Conductor | | Railro | oad | | |
| rked oth tic even | 0 | 17. Fether's Nema (First, Middla, Last) John Sewell Cla | rk | | | ama (First, Middle e Wigle | ddla, Maiden Sumama) L e Y | | | |
| permit. Pages 1 and 2 should be filed within 72 ho Department of Haaith and Mental Hygiene. Important: If Item 27 is marked other than "natur any injury or other traumatic event, the Med call ODGs. | | 19a. Informant's Name/Relationship (7 Nellie C. Clar | | | | | umber, City or Town, State, Zip Code) ambrills, Md 21054 | | | |
| | | 20a. Mathod of Disposition 1 □ Surial 2 □ Cramation 3 □ 4 □ Donation 5 □ Other (Specify | 20b. | Placa of Disposition comatory, cramatory | | Data | 20c. Location - 6 | City or Town, Stata | | |
| any in | | 21. Signature of Foneral Sarvice Licent | sae | 22. Nam | a and Addrass of Fecility | ral Hor | ne PA., cyland 2 | 21401 Approximate Interval Batwee | | |
| sician edicai iminer | - | | a. INTRA CER | | HEMORAH | | | Onset and Daa | | |
| physician and | Examiner | Sequantially list conditions, if any, leeding to immediata ceusa. Entar Undarlying Cause (Disaasa or Injury | b. Dua to | Dua to (or as a consequence of): | | | | | | |
| rificate be executed ng physician and as the bunal-transi | Da l | that initiated avants rasulting in daeth) Last | Due to (| or as a consequence | of): | | | | | |
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State of Maryland / Department of Health and Mental Hygiene 97

| Director 216-42-9760 IZM 2DF 51 | 10100 | | |
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| 25. Was casa referred to medical axaminar? | obably 4 Unknown | | |
| 25. Was casa referred to medical axaminar? 1 | Wara autopsy tindings available prior to completion of cause of death? | | |
| 25. Was casa referred to medical axaminar? Solicition Continuous | I □ Yas 2 □ No | | |
| 27. Manner of Death 19 Distural 2 Accidant 3 Suicide 4 Homlcida 28a. Date of injury (Month, Dey Year) 28b. Tima of Injury M 1 Yas 2 No 28d. Dascribe how Injury occurred Work? 1 Yas 2 No 28d. Dascribe how Injury occurred Work? 1 Yas 2 No 28d. Dascribe how Injury occurred Work? 1 Yas 2 No 28d. Dascribe how Injury occurred Work? 1 Yas 2 No 28d. Dascribe how Injury occurred Work? 1 Yas 2 No 28d. Dascribe how Injury occurred Work? 1 Yas 2 No 28d. Dascribe how Injury occurred Work? 1 Yas 2 No 28d. Dascribe how Injury occurred Work? 1 Yas 2 No 28d. Dascribe how Injury occurred Work? 1 Yas 2 No 28d. Dascribe how Injury occurred Work? 1 Yas 2 No 28d. Dascribe how Injury occurred Work? 1 Yas 2 No 28d. Dascribe how Injury occurred | | | |
| 1 | offy) | | |
| Suicide Suicide Suici | | | |
| 29a. Cartifier 29a. C | ral Routa Number, | | |
| The state of the s | steted. to the causa(s) | | |
| and mannar stated. 29b. Signature and title of certifier 29c. Licansa number 29d. Date signed (Mon | n, Day, Year) | | |
| D18487 6/2/97 | | | |
| 30. Name and address of person who completed cause of death (item 23a) (Type, Print) MYO THANT 6830 HOSPITAL DRIVES STE 206, BAL | U, MD21237 | | |
| State Registrar 31. Data filed (Month, Day, Yaar) 32. Registrar's Signeture 33. Registrar's Signeture 34. Data filed (Month, Day, Yaar) | | | |

APRIES

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Dete of Death 3. Tima of Daath Month Olive CARPENTER May 30, 1997 6:27 am 4e. Facility Nama (If not institution, giva streat end number) 4b. City, Town, or Location of Death 4c. County of Deeth Franklin Square Hospital Center Rosedale H Undar 1 Yaar | H Undar 24 Hrs. | 8. Date of Birth (Month, Day, Year) | Dec • 24, 1919 Baltimore 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign Country) WestVirginia 1 M 2 XF Yrs. 234-32-0192 Usuel Residanca of Dacadant 10a. Stata 10c. City, Town or Location 10b. County 10d. Inside City Limits Md. Baltimore Essex 1 ☐ Yas 2 X No 10e. Street and Number 10g. Citizan of What Country? 10f. Zip Code 21221 21 Charlene Lane USA 12. Was Decedant Evar in U,S. Armed Forcas? Was Dacedant of Hispenic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 XNo If Yas, Give 1 Navar Married 2 Married 1 ☐ Yas 2 ◯XNo Specify: Specify: 3 Widowad 4 ☐ Divorced White Yeer or Detas: 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) College (1-4or 5+) Cashier Cafaterica 12th 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middla, Meidan Sumema) Frederick Noel Tichnor Eldora Heath 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Address (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Code) 512 Old Home Road Walter Carpenter /son Baltimore Md. 21206 20b. Placa of Disposition (Nama of camatary, crametory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Stata 1 ☐ Burial 2 MCramation 3 ☐ Ramoval from Stata 5/31/97 4 ☐ Donation 5 ☐ Othar (Spacify) Baltimore Md. Metro Crematory Inc. 21. Signature of Funerel Sarvice Licensae 22. Nema end Addrass of Facility Connelly Funeral HOme of Essex onne ations that ceused tha daath Do not enter 300 Mace Ave. Baltimore Md. 21221 23a. Pert1. Entar tha diseese, or compli shock, or heart failure. List only or Approximate Intarval Batw Onsat and Daath Immediate Causa (Final disaasa or condition resulting in death) Peritonitis 12 Hours Dua to (or as e consequanca of): Multiple Small Bowel Perforations Sequantially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disease or Injury that initiated avants rasulting In death) Last Due to (or es e consequança of): Massive Ischemia of Small Bowel Dua to (or as a consequanca of): 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Gastrinoma of Distal Pancreas, Severe Atherosclerotic 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy performad? Disease, Post Aortic Resection, Radical Mastectomy 1 Yas 2 No 1 ☐ Yes 2 ☐ No for Cancer 26. Placa of Daath (Check only ona) Hospitel: 1 Inpatiant 2 ER/Outpatiant 3 DOA Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 Yes 2 No 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred

Physician /Medical Examiner

be executed

requires that the death certificate

Box 68760.

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Records,

Vital

of

Division Attending **Physician**

Examiner

Funeral

Director

28a-f show must be notified

Herne

6

ir than "natural", or item the Medical Exeminer filed within 72 hours efter

Hygiene.

. Pages 1 and 2 should be fit ment of Health end Mentel Hant: If Item 27 Is marked off jury or other traumatic even

permit. Page Depertment of Important: If any Injury or

21215-0020

Baltimore, Maryland

Director

Funeral

by

Completed

Be

0

/Medical

Physician/Medical the USB for signed by by Completed page 2 director. Be 10 Certification: the or Attendent of the other of the other deet 6 2

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

25. Was casa rafarred to medical axaminar?

Manner of Death 1 Natural 5 Panding invastigation

2 Accidant 6 Could not be datarminad 3 Suicida 4 Homicida

28a. Pleca of Injury - At home, farm, straat, factory, offica building, atc. (Specify)

1 Yes 2 No

28f. Location (Straat and Number or Rural Routa Number, City or Town, State)

Baltimore, Maryland

(Check only one) 29b. Signature end titla of certifiar

29a. Cartifiar

Cartifying Phyalcian: To the bast of my knowledge, death occurred at the time, dete and place, and due to the causa(s) and manner as steted.

Madical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29c. Licansa number 29d. Data signed (Month, Dey, Yaar)

31. Deta filed (Month, Dey, Yaar)

RD2177

30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print)

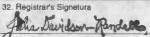
Daniel Mullen M.D. 9000 Franklin Square Drive,

21237

State Registrar

Medical

JUN 0 3 1997



HMH 16 Rev 6/95

24 hours Hospital

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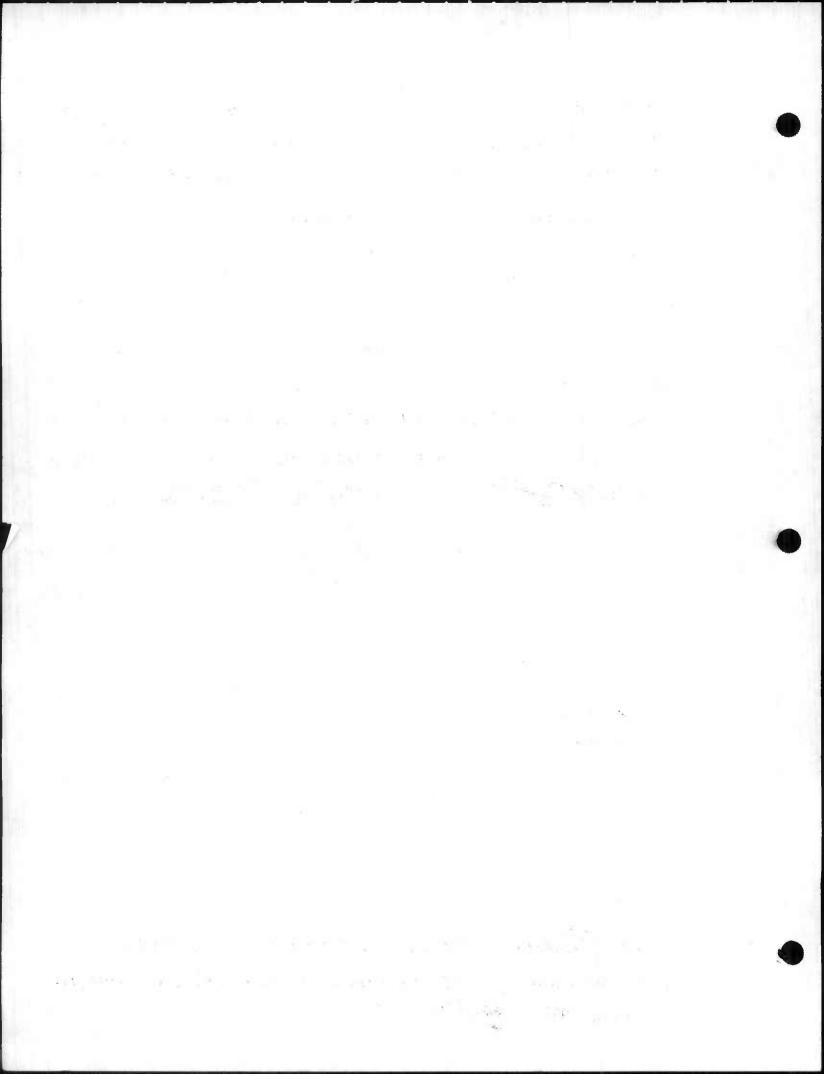
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dey **Physician** HELEN DIETRICH 29,1997 /Medical May 2:50 pm 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner RIVERVIEW NURSING CENTRE, Baltimore Baltimore INC. 8. Date of Birth (Month, Dey, Year)
Aug. 27, 1910 If Under 24 Hrs. 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthdey) 9. Birthplace (State or Foreign Country) New York **Funeral** Deys Months 1□M 2\ F Hours 86 Yrs Director 214-50-1167 Usual Residence of Decedent the Meryland 10e State 10b. County 10c. City, Town or Location 10d. inside City Limits frems 23a or 28a-f show Director Maryland Baltimore Kingsville 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6945 Sunshine Avenue 21087 U.S.A. Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. traumatic event, the Medical Examiner Pages 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiene. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 9 1 ☐ Yes 2 No Specify: White Completed by Specify. 3X Widowed 4 □ Divorced 'netural', 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 8th grade Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be h and Mental F John Balint Ilona Urban 19e. informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 s Department of Health ar Important: If Item 27 Is any Injury or other trau Marlene H. Cavano (daughter) 6945 Sunshine Ave., Kingsville, MD 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition Dete Burial 2 Cremetion 3 Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Moreland Memorial Park 5/31/97 Baltimore. Maryland 22. Name end Address of Fecility
Schimunek Funeral Homes, Inc. 21. Signeture of Funey Service Licensee 9705 Belair Rd., Baltimore, MD 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or hear failure. List only one cause on each line. Approximete intervel Between Onset end Deeth Physician /Medical Immediete Cause (Final PNEUMONIA WEEK diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) Examiner DEMENTIA The law requires that the death certificate be executed the buriel-transit Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): Box 68760. attending physician Physician/Medicai Due to (or es e consequence of) ed by the a detached f Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contributa to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 DUnknown CORONARY HEART DISEASE þ Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? HYPERTENSION this certificate has 1 ☐ Yes 2 No or Attending Physician: Be 25. Wes cese referred to medical examiner? 26. Plece of Deeth (Check only one) 1□ Yes 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) Lo 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Certification: 27. Manner of Deeth 28b. Time of 28e. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how Injury occurred After 1 Naturel 2 Accident 5 Pending Investigation death. 1 ☐ Yes 2 ☐ No Director: illed in by the 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) after 4 Homicide within 24 hours a To the Funeral C completely filled the Hospital Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end manner es steted.

Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner steted. 29a. Certifier Medicai (Check only one) 29b. Signeture end title of certification 29c. License number 29d. Dete signed (Month, Dey, Yeer) D40008 M.P. 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 9105 FRANKLIN SQUARE DR. BALTIMORE, MD. PARSHALL 32. Amietrare Signature

Aundales 31. Dete filed (Month, Dey, Year) State Registrar

DHMH 16 Bey 6/95



| Physici | an | 1. Decedant's Nama (Fin | rst, Middle, La | ist) | | | | | 3/13 | | 2. Data of Da Month | | Year | 3. Time of Death |
|--|--------------------------------------|--|--------------------------------|---|--|---|--|---------------------------|--|------------------|------------------------------|--|--|---|
| /Medic | cal | | | Ann De | | S | | | 41. Oh. Too | | MAY | 31 | 1997 | 9:28 AM |
| Examir | ner | 4e. Fecility Name (If not 305 S.CO) | | | | | | | BALT | | cation of Deat RE | | ty of Death | |
| Funeral | | 5. Social Sacurity Number | ar 6. 9 | Sex 7 | . Aga (In yrs. | last birthda | y) If Undar | 1 Year Days | | | 8. Data of Bir (Month, Da | rth | | olaca (State or Foreign |
| Director | | 213-52-5 Usual Rasidanca of Daca | 152 | 10 M 20 F | 49 | Yrs. | WOTETS | Days | riours | IVIII t. | MAY 2 | 4, 19 | 48 Ma | ryland |
| *natural", or items 23a or 28a-f show balical Examiner must be notified at | Director | 10a. Stata 10b | County / A | | | ty, Town or | | | | | | | | Od. Inside City Limits |
| with the | | 10e. Street and Number | | | | 10f. Zip Code | | | | 10 | | | What Cou | ntry? |
| 5-0020 72 hours after deeth with the Meryland natural', or items 23a or 28a-1 show alsal Examiner must be notified at | erai | 305 S. C | onk1i | | | | | 122 | | | | | USA | |
| Examiner | ed by Funerai | 11. Marital Status 1 ☐ Nevar Married 3 ☑ Widowad 4 ☐ I | | Armed Force 1 Yas 2 If Yes, Giva Yaar or Date | as? ⊠ No | No 1 ☐ Yas 2 € No | | | of Hispanic Origin? (Specify Yes or No Cuben, Maxican, Puarto Rican, atc.) No Specify: | | | | aca - Amari lack, Whita, city: Whi | atc. |
| ine Medical | eted | 15. I (Specify or | Decedant's Ed | ducation ade completed) | | 16a. Da | cedant's Usua ve kind of wor . DO NOT us | I Occup | oation during most | of workin | ng | 16b. Kind of | Businass/In | dustry |
| vent, the Me | Completed | Elementery/Secondery (0-12) College (1-4or 5+) | | | for 5+) | | emake | | d) | | | Oran | Ното | |
| | Be C | 17. Fether's Name (First, Middle, Last) | | | | 11011 | Ciliane | | 18. Mother | 's Nama | (First, Middle | Own Home | | |
| semit. Peges 1 and 2 should be filed within 72 hours aft Spartment of Health end Mental Hygiene. Important: if Item 27 Is merked other than "natural", or my Injury or other traumatic event, the Medical Examinates. | To | Lawrence Gordon | | | | | | | | | | trick | | |
| en es | | 19a. Informent's Name/F Paul B. Rya | | Type, Print) | | 19b. Ma 3333 | lling Addrass Charl | (Street | end Number e Kan | or Rurai ISAS | Route Numb | MO 641 | m, State, Zip 09 | Code) |
| f item 27 i or other tra | | 20a. Mathod of Disposition | | Removal from St | | Plece of Dis | position (Nan rematory or o | ne of ther pie | ca) | | Data | 20c. Location | n - City or To | own, Stata |
| Important: if it any injury or o | | 4 Donation 5 | Othar (Specif | y) | Me | | remato | | | | | Baltimo | | ID |
| any in | | 21. Signeture of Funeral George | E | MAK | | C 2 | ^{22. Name an} remati 99 Fre | d Address on S der: | ss of Facility Society ick Rd | y of . Ba | Maryl 1timor | and, Ir e, MD 2 | nc. 21228 | |
| /slcian | | 23a. Part1. Entar tha dis shock, or haart failu | eese, or com ura. List only | plications that cau ona causa on aac | used the daat ch lina. | | | | | | | | | Approximate Intervel Batween Onsat and Deeth |
| | | . The state of the | | DOVEDT | N AND N | ADCOTI | | | | | | | i | |
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| iner | Examiner | disease or condition rasulting in deeth) Sequantially list condition if any, leading to immediate cause. Enter Indexiving | | b | Dua to (o | or as e cons | | CATI | ON | | | | | |
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| certificate nes been signed by the effending physician end rector, page 2 should be detached for use as the bunel-transit of | To Be Completed by Physician/Medical | disease or condition rasulting in deeth) Sequantially list condition if any, leading to immadicause. Enter Underlying Cause (Disease or Injury that initiated avants rasulting in death) Last Part It. Other algnificant | conditions | b c d ontributing to deat Hospital: 1 □ Inp 28a. Data of | Dua to (or Dua to (or Dua to (or th but nof rest | or as a consor a consor a consor a consor a consor a consor a consor a consor | equanca of): equanca of): equenca of): underlying companies to the comp | ausa gh | van in Part I. 26. Placa o eer: 4 □ Nurs | sing Hom | 1 24a. Was perfo | Yes 25 No | 24b. Wave co | ara autopsy findings ailabta prior to mplation of cause daath? 2 Yas 2 No |
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29b. Signature end titla of cartifiar

29c. License number O.C.M.E.

29d. Data signed (Month, Day, Year) JUNE 01,1997

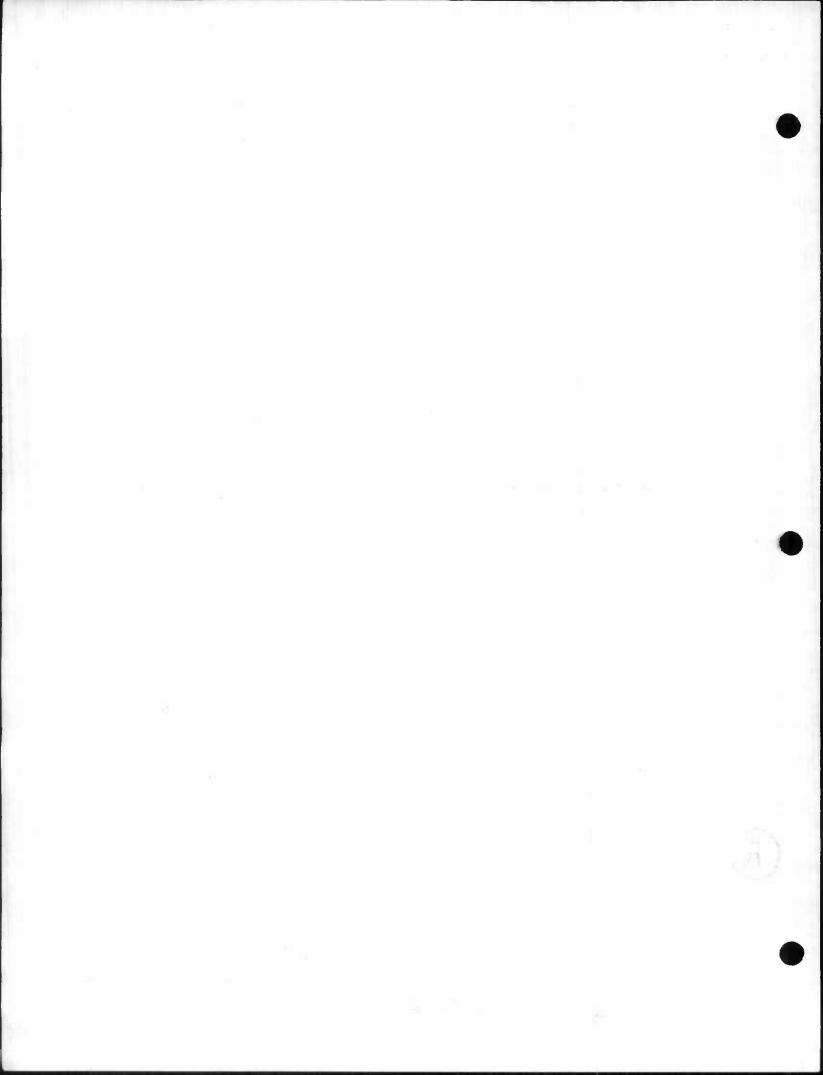
30. Name and eddrass of person who complated cause of daath (Itam 23a) (Type, Print)

7 111 Penn Street, Baltimore, Maryland 21201
32. Registrar's Signatura

State Registrar DONALD G. WRIGHT

31. Data filed (Month, Day, Yeer)

JUN 0 3 1997



State of Maryland / Department of Health and Mental Hygiene 0.7 16.71.2

| | | | | | (6 | Cer | tificate | of Death | | Reg. No. | 21 | 10142 | | |
|-------------------|---|----------------|--|--|-----------------|--------------------------------|------------------------------------|--|--|-------------------------------------|---|---|--|--|
| П | Dhynia | ion | 1. Decedent's Name (First, Middle, La | st) | | | 77 | 7 1 7 | 2. Dete of E | | Yeer | 3. Time of Death | | |
| J | Physic /Med | | Helen Vi | ginia D | ixon | 1144 | | | May | | | 10:12 p | | |
| | Exami | | 4e. Fecility Neme (If not institution, giv | | , | | | 4b. City, Town, or | Location of Dec | | ty of Deeth | | | |
| Ĺ | | | Bel Forest Nur | | | | | Forest | | | Harfo | ord | | |
| | Funeral Director | | 5. Sociel Security Number 6. S 217–40–6089 Usuel Rasidence of Decedant | DM 2 F 8 | ge (In yrs. le | st birthday) Yrs. | If Under 1 Y Months D | ear if Under 24 Hrs ays Hours Min | . (Month, L | | | lace (Stete or Foreign try) MORE, MARYLA | | |
| | yland | | 10e. State 10b. County | | 10c. City, | Town or Loc | eation | | | | 10 | 0d. Inside City Limits | | |
| | with the Maryland a or 28a-f show | ctor | MARYLAND HARFORD | | BEI | AIR | | | | 1 ☐ Yes 2 | | | | |
| | ith the | Director | 10a. Street and Number | | | | 10f. Zip Co | de | | 10g. Citizen of What Country? | | | | |
| | 23a | | 903 TODD ROAD | | | | 21014 | | | U.S.A. | U.S.A. | | | |
| 21215-0020 | -0020 hours after death with the Maryland tural; or flams 23a or 28a-f show | by Funeral | 11. Marital Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced | 12. Was Decedent Armed Forces 1 Yes 2 If Yes, Give Year or Detes: | (No | If | Ves Decedent Yes, specify (| of Hispenic Origin? (Cuban, Mexican, Puer No Specify: | Specify Yes or Note Rican, etc.) | No- 14. Ra Bi Spec | ace - America eck, White, e ify: WHTTE | | | |
| 5-0 | 72 hours "natural", | ed | 15. Decedent's Ed (Specify only highest gra | fucetion | | 16a. Deced | ant's Usuel Or | ccupation one during most of wo | adria a | 16b. Kind of Business/Industry | | | | |
| 21 | | Completed | Elementery/Secondary (0-12) | College (1-4or | 5+) | life. D | O NOT use re | etired) | nking | | | | | |
| | 71 75 16 16 | S | 6 | N/A | 1 | OUSEWII | E | | | HOUSEKE | | AN HOME | | |
| Maryland | d la b | Be | 17. Father's Name (First, Middle, Last) | | | | | 18. Mother's Na | me (First, Middl | le, <i>Maid</i> an Su <i>m</i> e | me) | | | |
| ž | should b nd Ments marked umatic e | P | JERMIAH WILLIS | | | | | MARY DULA | | | | | | |
| Ma | d2 th ar | | 19a. informent's Name/Relationship (| | | | | reet end Number or R | | | n, Stete, Zip | Code) | | |
| ē, | 1 an feal in 2 | | TERRY BAUMMER (GRAND) 20a. Mathod of Disposition | AUGHTER) | 20b. Pie | ce of Dispos | ition (Name o | BEL AIR, MA | RYLAND 21 | 014 20c. Location | - City or To | em Stato | | |
| Baltimore, | Pages nent of I int: If Ite | | 1 Buriai 2 Cremation 3 □ 4 Donation 5 Other (Specify | | cen | netery, crem | etory or other | plece) | | | | | | |
| | permit. Pag Department Important: It any Injury o | | 21. Signature of Funeral Service Licen | · | GEIII | | | CEM. JUNE | 2, 1997 | GETTYSBU | HG, PEN | VSYLVANIA | | |
| ä | permit. Departn Importa any Inju | | Dh. 11 - A | | | | | HN FUNERAL H | DME, P.A. | | | | | |
| | _ | | 23a. Pert1. Enter the disease or com | plications that cause | OCO (| Do not ente | 50 BELA | IR ROAD KIN | SVSTLLE, | MARYLAND 2 | 21087-13 | 351 | | |
| | Physician | | 23a. Pert1. Enter tha disease, or comp shock, or heart failure. List only | one ceuse on eech i | ine. | DO HOL SING | i the mode of | dying, such as cerdie | c or respiretory | enest, | | Approximete Intarvai Between Onset end Death | | |
| | /Medical | | Immediata Cause (Final disease) CONGESTIVE HOART PAIWRE | | | | | | | | | | | |
| | Examiner | | Pusto (as a secondary) | | | | | | | | | | | |
| _ | | Je | | 10 | | | 0.0 | 7 | SEAS | | i a | -YEARS | | |
| | cuted nd ransit | Examiner | Sequentially list conditions | b | Due to for a | is e consequ | - | AT DI | 76113 | | 1 | SYEARS YEARS | | |
| o, | e exe ian a urial-t | | | | | | | | | 5 | YEARS | | | |
| 68760, | rifficata be executed ing physician and a as the burial-transit | edicai | C. Cause (Disease or injury that initiated avants pue to (or as e consequence of): | | | | | | | | | | | |
| 9 X | a a a | 2 | | | | | | | | | | | | |
| Box | ath o | ian | | d | | | | | | | | | | |
| P.0. | law requires that the death cer as been signed by the attendin 2 should be detached for use | Physician/ | Part il. Other significant conditions co | ontributing to death b | out not resulti | ng In the und | darlying ceuse | givan In Pert I. | 23b. Dic | tobacco use c | ontribute to | the cause of death? | | |
| | that the sed by detac | | HYPERTHYR | OIDISM | 1 | | | | 10 | Yes 2□ No | 3 Prob | ably 4 Unknown | | |
| of Vital Records, | sign d be | d by | | | | | | | 04-144- | | Toth Wa | | | |
| 00 | v require been signature | Completed | ASTHMA | | | | | | per per | s en eutopsy formed? | evei | re eutopsy findings ilable prior to apletion of cause | | |
| Re | 0 - 6 | du | | | | | | | | 420 | of d | eeth? | | |
| Ö | iclan: Th certificate rector, pag | | 05 18/22 222 24 24 25 25 25 | | | | | | | Yes 2 No | 10 | Yes 2□ No | | |
| 5 | Physician: mis centifican mil director, | o Be | 25. Wes cese referred to medical exeminer? 1 Yes 2 No | Hospital: | | | | Other: | | | | | | |
| | Phy armis | 1: To | 27. Manner of Deeth | 1 ☐ Inpation | | NOutpatient Bb. Time of | 3LI DOA | 4 May vuising r | 1 | idence 6 Ot | | | | |
| 6 | ath. | atio | Naturel 5 Pending Investigation | (Month, Da | y Year) | Injury Worl | | Work? 1 ☐ Yes 2 ☐ No | | Describe how injury occurred | | | | |
| NIS. | Pacto P | Certification: | 3 ☐ Suicide 6 ☐ Could not be determined | 28a. Place of Inj | ury - At home | e, farm, stree | et, fectory, offi | ice | 28f. Location | (Street end Num | ber or Rurel | Route Number, | | |
| 昂 | Part of | Cert | 4 I Homicide | building, et | c. (Specify) | | | | City or To | iwn, Stete) | | | | |
| - | he Boap in 24 ngu he Funan pletely fill | edicai | 29e. Certifier (Check only one) Certifying Phy | sicien: To the bast iner: On the basis of end manner st | r examination | edga, daath o n end/or inva | occurred at the stigation, in m | e time, dete and piace ny opinion, death occu | e, end due to the irred et the tima | ceuse(s) end m , data end place, | annar as sta , end dua to ! | ted. the ceuse(s) | | |
| | To To the | Σ | 29b. Signeture end title of certifier | | - 0 | 1 | 29c. Lic | ense number | - | 29d. Date signe | ed (Month, D | ey, Year) | | |
| | | | Andw No | maci | LAN | nu | Pe | 18096 | 5 | MAY ? | 50,1 | 997 | | |
| 7 | | | 30. Name and eddress of person who c | WAKES | VIK. | 3a) (Type, P | rint) | 25 N. M. | HOW S | 7 76 | 2011 | E, WDaro/s | | |
| | Sta | te | 31. Date filed (Month 1997 Year) | who troites | A-JAPANIA | - | | | | | | | | |
| | Registr | ar | 301100 1001 | | | | | | | | | | | |

DHMH 16 Rev 6/95

Registrar

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Nama (First, Middle, Last) 2. Data of Daath 3. Time of Death Month Curlue Dyer 26 443PM May 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Death Sinai Hospital of Baltimore Baltimor Baltimore C If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth Months Days Hours Min. (Month, Day, 5. Sociel Sacurity Numbar 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foraign 1 M 2 F 24-66-5850 Usual Rasidance of Dacadant W. INDIES 6 6 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 14 Yas 2 No BALTIMORE MD 10e. Street and Number 10f. Zip Coda 10g Citizan of What Country? 3712 21216 OREST PARK AVENUE Was Decadant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No 13. Was Decedant of Hispanic Origin? (Spacify Yas or No. If Yas, specify Cuban, Maxicen, Puerto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 Navar Marriad 2 Married ☐ Yas Yas, Gi 1 Yas 2 No Specify: BLACK 3 Widowad 4 Divorcad Yaar or Datas: 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Collaga (1-4or 5+) Elamentary/Secondery (0-12) DOMESTIC 9TH GRADE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) MATTHE ISIAH CHARLOTTE 19a. Informant's Name/Ralation hip (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 3712 W. FOREST PARK AVE., BALTO. MD HUSBAND JOSEPH 20a. Mathed of Disposition 1 Burial 2 Cremation 3 Ramoval from Stata 20b. Placa of Disposition (Nema of cematary, cramatory or other place) LOUDON PARK 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama and Address of Facility AUGHN C. GREENE 21. Signature of Funeral Service Licensea FUNERAL SERVICE VAUGHN C. GREÉN 5151 BALTO. NATL' 23a. Part1. Enter the disease, or complications that ceused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. List only one cause on each tine. BALTO . MO. 21229 Approximata Intervel Between Onsat and Death Immadiata Cause (Finel disaasa or condition rasulting in daath) Miliary Tuberculosis Dua to (or as a consaguance of) Sequantially list conditions, if any, laading to Immediata causa. Enter Underlying Causa (Disaasa or injury that initialed avents rasulting in daath) Last Dua to (or as a consequance of): Failure Dua to (or as a consequence of): 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24e. Wes en eutopsy parformed? 24b. Ware autopsy findings available prior to complation of causa of deeth? 1 Yas 2 No 1 ☐ Yes 2 ☐ No 26. Placa of Daath (Check only ona) Hospital:

Box signed by the a Division of Vital Records, P.O. or Attending Physician: The law requires that the pega 2 certificata funeral director. this Affer deeth.

Physician

/Medical

Examiner

Funeral

Director

"natural", or items 23a or 28a-f show addes Expressed in result of profiled at

1 and 2 should be filed within 72 hours aftar death Health and Mental Hygiene.
and 27 Is marked other than "natural", or Itema 23, the traumatic event, in Medical Engine mandle.

Health tem 27

permit. Pages 1 end Department of Health Important: if Item 27 any Injury or other th once.

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

Director

Funerai

P

Completed

Be

OL

the Marylend

Physician/Medical Examiner Part It. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. by Completed 25. Was cesa rafarred to medical axaminar? Be Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 1 Yas 2 No Certification: To 1 Inpatiant 2 ER/Outpatiant 3 DOA 28a. Data of Injury (Month, Day Yaar) 27. Mannar of Deeth 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 Natural 1 Tyas 2 No 2 Accidant Could not ba 3 Suicida 28f. Location (Straat and Number or Rural Routa Numbar, City or Town, Stata) 28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 - Homicida 1 Certifying Physician: To the best of my knowladge, daath occurred at tha tima, data and place, and dua to tha ceuse(s) and mannar as steted.
2 Medical Exeminer: On the bests of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and mannar stetad. 29a. Certifier Medicai (Check only one) 29b. Signatura and titla of certifier 29c. Licansa number 29d. Data signed (Month, Day, Year) AS2402321 DAD9030 May 26,1997 Horothea Holson, MD

State Registrar Dorothea Dobson, MD Sinai Hospital of Baitimore 32 Degistrar's Signature

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

24 hours efter deetle Funeral Director:

within 2 the th

Hospital

filled in by

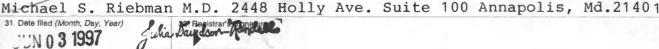
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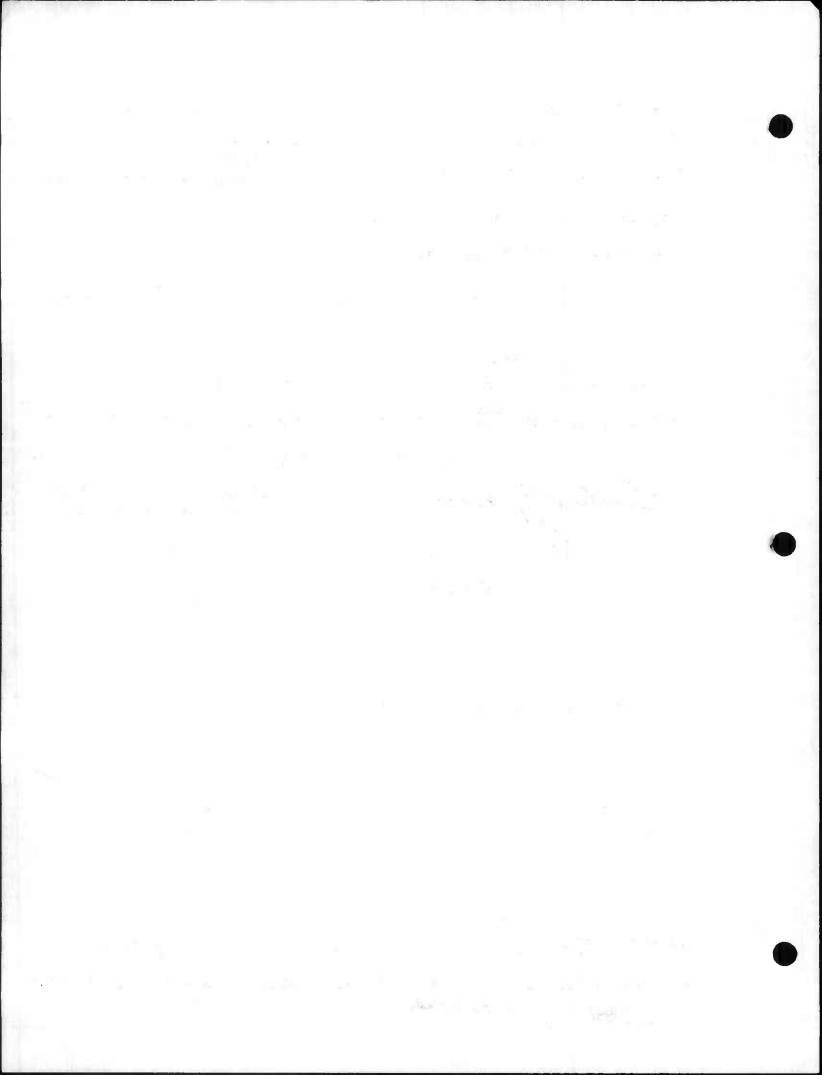
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month Lola Ilene DeMarr 4b. City, Town, or Location of Death 29, /Medical 1997 6:00 P.M. 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner 570 Bellerive Drive Annapolis Anne Arundel Apt. 241 If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (Stete or Foreign Country) **Funeral** Months 1□M 2√F Director 578-26-5249 Yrs. 76 Aug. 29,1920 Tennessee Usuel Residence of Decedent the Marylend 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits rai", or items 23a or 28a-f show Examiner must be notified at Maryland Anne Arundel 1 ☐ Yes 2 ☐ No Director Annapolis 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 570 Bellerive Drive Apt. 241 21401 U.S.A. death Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black White etc. 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give X Yeer or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2€No Specify: p Specify: White 3 ₩ Widowed 4 Divorced "natural". Completed traumatic event, the Medical 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within. Department of Health and Mental Hygiene Important: If them 27 is merked other then fin any injury or other traumatic and any injury or other and any injury or other traumatic and any injury or other and any injury or other and any injury or other any injury or other and any injury or other and any injury or other any or Elementary/Secondary (0-12) College (1-4or 5+) Own Home 12 N/A Homemaker 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Sarah Onnie Dagley Richard Daniel Wallace 19e. Informent's Name/Reletionship (Type, Print) Daughter 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Barbara Jane Root-Bessenhoffer 1355 Odenton Road Odenton, Md. 21113 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 5-31-97 Glen Burnie, Md. Glen Haven Cemetery 21. Signeture of Funerel Service License 22. Name end Address of Fecility Hardesty Funeral Home P.A. 21054 orne 23a. Pert1. Enter the disease of complications that caused the deeth. Do not enter the mode of dying, social cardiac of less reform a great failure. List only e cause on each line. **Physician** Heart Programe /Medical Immediete Cause (Final disease or condition resulting in deeth) Examiner sician end burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Lest Due to (or es e consequence of): physician s the buria P.O. Box 68760 8 Physician/Medical Due to (or es e consequence of): ō Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed l Records, by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed ate hes 1 Yes 2 No certificate Division of Vital Attending Physician: 25. Wes case referred to medical Be 26. Place of Death (Check only one) examiner? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 this 28e. Dete of injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Certification: After 1 Naturel 5 Pending death. 1 ☐ Yes 2 ☐ No investigation 2 Accident Director: 3 ☐ Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) after 4 ☐ Homicide 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, dete end place, end due to the cause(s) and manner stated. 29a, Certifier Medical (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D-36761 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

State Registrar

31. Dete filed (Month, Day, Year)

N 0 3 1997





| | | • | Plea | ase Type or I State of | | d / Depa | rtment | nk. Assure of Health and of Death | d Mental Hy | | ble. | 16745 |
|-----------------|--|-------------|--|---|------------------------------|-------------------------------|------------------------------|--|---|---------------------------|--------------------------|--|
| Ü | Physic | | Decedent's Name (First, Middle Doris | ile, Last) | DU | FFIELD |) | | 2. Dete of De May 31 | | Year | 3. Time of Deeth 6:54 am |
| | /Medi Exami | | 4e. Fecility Name (If not institution | on, give street end num | | | | 4b. City, Town, | or Location of Deetl | | oi Deeth | |
| 7 | L. Adilli | 161 | Franklin Square | Hospital | Center | | | Rosedale | 2 | | imore | |
| | Funeral Director | | 5. Social Security Number 3.15 - 30 - 8.055 Usuel Residence of Decedent | - | 7. Age (In yrs. le | 3 Yrs. | If Under 1 Months [| | in. (Month, De | th y, Year) 3, 1933 | Coun | lece (Stete or Foreign try) RYLAND |
| | pue Ma | | 10a. State 10b. County | у | 10c. City | , Town or Loc | ation | | | | 1 | 0d. Inside City Limits |
| | Mary | to | MD BAL | TIMORE | | | ROSE | DALE | | | | 1 ☐ Yes 2 No |
| | r 28s | Director | 10e. Street and Number | | | | 10f. Zip Co | | | 10g. Citizen of | Whet Coun | try? |
| | 3a o | | 8614 GOLDER | MOON | PAAN | | | 21237 | | u. | S.A. | |
| 020 | n 72 hours effer deeth with the Marylend "natural", or items 23s or 28s-f show so cal Evaniner must be notified at | by Funeral | 11. Meritel Stetus 1 Never Merried 2 Mar 3 Widowed 4 Divorced | 12. Wes Dece Armed For 1 Yes | 2 MNo | li | /as Deceden Yes, specify | t of Hispenic Origin? Cuben, Mexicen, Pu No Specify: | (Specify Yes or No erto Rican, etc.) | 14. Rad Ble | e - Americ ck, White, | an Indien, etc. |
| 2-0 | 72 ho | ted | 15. Deceder | is. Decedent's Education only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of life. DO NOT use retired) | | | | | | 16b. Kind of B | usiness/ind | lustry |
| 21215-0020 | within lene. | Completed | Elementery/Secondery (0-12) | College (1- | -4or 5+) | | | | NOTKING | DET | 1 | Two not |
| | Hygie ther ther ther ther | | 12 +h 17. Fether's Neme (First, Middle, | Lact | | CLE | RICA | | lame (First, Middle, | BETH | | TCCL |
| Maryland | S ie b | Be C | 0 | ROGER | 5 6 | R. | | 0 | | | | 250 |
| 2 | d 2 should th end Men 7 Is marke traumatic | P | KOLLIN Z. 19e. Informent's Name/Reletions | | 3 3 | | Address /S | treet and Number or | | | | NER |
| Ma | T les | | A * | CDOSA - | niero | 317 | | | the Sun | | | A 0 (1901 |
| Baltimore, | ges 1 e t of He if item or othe | | 20e. Method of Disposition 1X Burial 2 Cremetion 4 Donetion 5 Other (S | 3 □Removei from S | 20b. Plo | eca of Dispos metery, crem | ition (Name etory or othe | of r place) | Dete 6/2/97 | 20c. Location | City or To | wn, Stete |
| Balti | permit. Pe Depertmen Important: any injury once. | | 21. Signeture of Funeral Service | · | mne | | | Address of Fecility | leral H | ome o | F Ou | m dal K mD. 2122 |
| | Physician | | 23a. Pert1. Enter the diseas shock, or heert feilure. | complications that cat only one cause on ea | used the death. ech line. | po ot ente | r the mode o | dying, such es card | liac or respiretory e | rrest, | -,0. | Approximete intervel Between Onset end Deeth |
| | /Medical Examiner | 16 | immediete Ceuse (Finel diseese or condition resulting in deeth) | e Massiv | | cointes es e consequ | | bleeding | | | 2 | weeks |
| | be. is | Examiner | | b. Choles | terol e | mboliz | ation | | | | 1 | |
| | be executed ician end burial-transit | хап | Sequentially list conditions, if eny, leading to Immediate | | Due to (or | es e consequ | ienca of): | | | | | |
| 09 | | | cause. Enter Underlying Ceuse (Disease or Injury that initiated events | c. Bowel | ischemi | | | | | | i | |
| 9289 | certificate iding phys | edical | resulting in deeth) Last | | Due to (or | es e consequ | enca of): | | | | - [| |
| Box | | M | | d | | | | | | | | |
| | | cla | Port II. Other stanisticant condition | | | a' 1- ab - | 4-4-5- | | 005 074 | | | |
| o. | the ache | Physician/M | Pert ii. Other eignificent condition | one contributing to dec | eth but not resul | ting in the un | denying caus | se given in Pert I. | 23b. Did | \/ · | | the cause of death? |
| s, P | | by P | Chronic renal f | ailure on | dialysi | .s | | | ' _ | 2/3/10 | 3 Prot | ALDIY 4 ONKHOW |
| of Vital Record | requir been s should | Completed | History of coro | nary arter | y bypas | S | | | | en eutopsy rmed? | OO | ere eutopsy findings eileble prior to expletion of cause deeth? |
| al Re | The ate h | Com | Severe Peripher | al vascula | r disea | se | | | 10 | res 2 No | | Yes 2□ No |
| Vita | ysician: The s certificate director, par | Be | 25. Wes case referred to medica examiner? | al | | | | | Death (Check only o | ne) | | |
| Jt. | Physician: r this certific ral director, | L 2 | 1 Yes 2 No | Hospital: | | | | | Home 5□ Resid | | |) |
| ion | ath. r: After t | ation: | 27. Mahner of Death Neturei 5 Pendir Accident Investi | 19 | I Injury n, Day Year) | 28b. Time of Injury | 28c. | injury et Work? 1 ☐ Yes 2 ☐ No | 28d. Describe i | now Injury occur | red | |

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29d. Dete signed (Month, Dey, Year)

Division of Vital Records, P.O. Box 68760,

To the Hospital or Attendin witdin 24 hours efter death. To the Funeral Director: Aft completely filled in by the fur

State Registrar

Medical Certificat

3 Sulcide

29e. Certifier (Check only one)

4 Homicide

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Meeta Gulati M.D. 9000 Franklin Square Drive Baltimore, Maryland 21237

Meeta alaly

29b. Signeture end title of certifier

6 Could not be determined



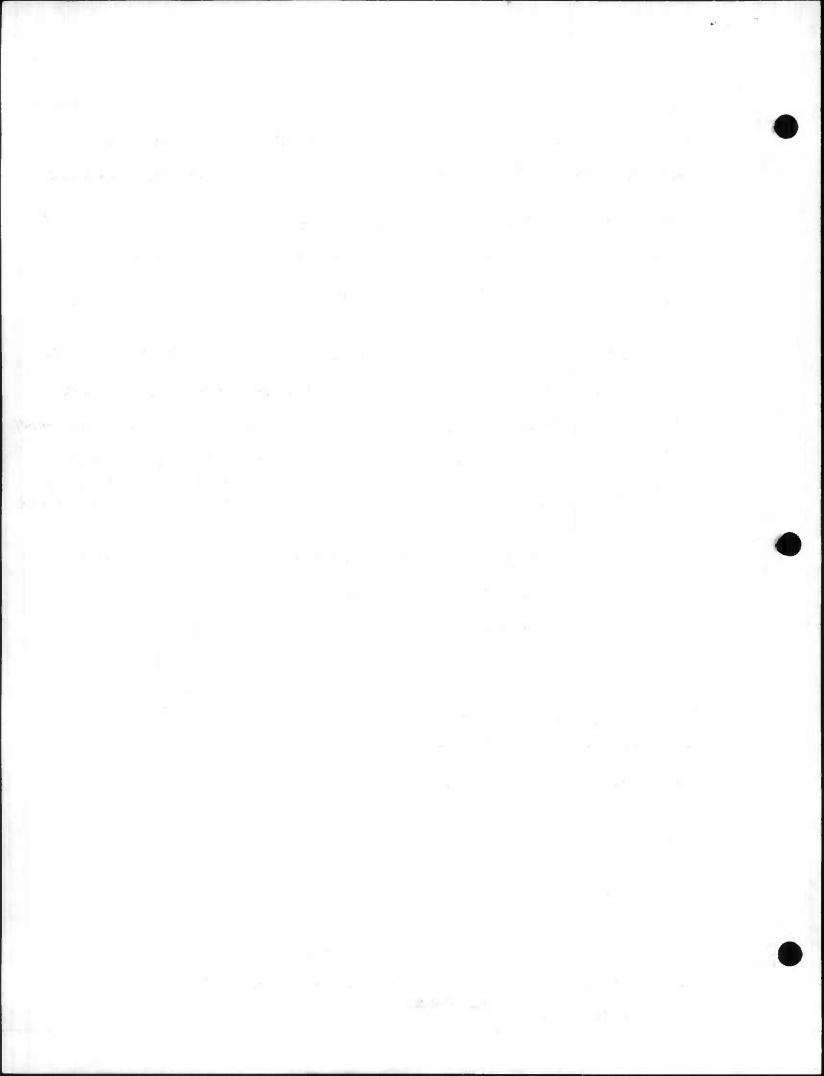
28e. Plece of Injury - At home, farm, street, lactory, office building, etc. (Specify)

11 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. License number

RD02116

31. Dete filed (Month, Day, Yeer)
JUN 0 3 1997



State of Maryland / Department of Health and Mental Hygiene 97

| | | | | | | Certific | ate of | Death | | Re | g. No. | 1 | 101 | 70 |
|-------------------|---|------------------|---|--|---------------------|------------------------------|---------------------------|---|-----------------|-----------------------|-------------------------|---|------------------|----------------|
| | | | 1. Decedant's Nama (First, Middle, Last) | | 0.1 | | | | | eta of Death | | V | 3. Tima | ot Death |
| | Physic | | SHIRLEYANN MARIE | FAUST | | | | | | ionth 26. | 1997 | Yaer | 5:39 | a.m. |
| | /Medi Examii | | 4a. Facility Nama (If not Institution, giva | | | | | 4b. City, Town | | | 4c. County | of Death | | 0001111 |
| 1 | - LAGITIII | | 402 Cedar Springs | Road | | | | Bel A | in | | Harf | and | | |
| 1 | Funeral | | 5. Sociei Sacurity Number 6. Sax | 7. Age | (In yrs. lest birtl | | ndar 1 Yaa | r If Undar 24 | Hrs. 8 D | ata of Birth | | | piaca (State | or Foreign |
| L | Director | | 213-32-3523 Usuei Rasidence of Decedant | 1M 21X F 62 | Y | rs. Mont | ths Deys | Hours | Min. De | ionth, Day, .C. 31 | 1934 | Mar | intry) Lyland | |
| | ylan | | 10a. Stata 10b. County | | 10c. City, Town | or Location | | | | | | | 10d. Insida | City Limits |
| | n the Maryland r 28a-f show | çç | Maryland Harford | | Bel A | ir | | | | | | | 1 🗌 Ye | s 2 No |
| | death with the Maryland rms 23e or 28e-f show rmst be notflied at | Funeral Director | 10e. Street and Number | | | | Zip Coda | | | | g. Citizen ot V | What Cou | intry? | |
| | ith with | je. | 402 Cedar Springs | Road | | | 21015 | 5 | | | U.S.A. | | | |
| | | ne | 11. Marital Status | 12. Wes Decedant Ev Armed Forcas? | ver in U,S. | 13. Wes De | ecedent of specify Cul | Hispanic Origin ben, Mexican, F | | | | e - Amarican Indien, ck, White, etc. | | |
| 21215-0020 | # 9 E | b | 1 Never Married 2 X Married 3 Widowed 4 Divorced | 1 ☐ Yes 2 🕱 No If Yas, Giva Yeer or Datas: | | | s 2 No | | | | | whi | | |
| 5 | | Completed | 15. Decedant's Educ (Specify only highast grade | cation completed) | 16a. l | Decedant's L Giva kind of | Jsuai Occu | ipation e during most o ed) | of working | 1 | 6b. Kind of Bu | siness/Industry | | |
| 121 | within ana. than | E G | Eiementary/Secondary (0-12) | Coilega (1-4or 5+ | -) | | | | | | D l. ' | | | |
| | Hygia her t | ပိ | 12th grade 17. Fathar's Nama (First, Middla, Last) | | <i>f</i> | 133131 | ant n | lanager | | | Banking laiden Sumam | | | |
| ano | d de de | Be | James Andrew Witts | | | | | | aret A | | | 16) | | |
| 2 | d Me | L O | 19a. Informant's Name/Relationship (Ty) | - Drine) | 401- | 5 d = 111 = | (0) | | | | | 0000 | | |
| Maryland | d 2 s th an 7 is r traur | | Donald Faust (Husb | | | | | at and Number | | | | | | |
| | Heali Heali Ther | | 20a. Mathod of Disposition | anaj | 20b. Piece of | Disposition / | Name of | orings 1 | Rouu, | | Oc. Location - | | 1015 | <u> </u> |
| 10 | int of or or or or or or or or or or or or or | | 1 X Burial 2 ☐ Cremetion 3 ☐ R | amovai from State | cematary | , cramatory | or other pl | • | | | | | | , |
| Baltimore, | rtant rtant | | 4 Donetion 5 Other (Specify) | | bel Al | | | Garden | | | | | | d |
| Ba | permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiana. Important: If Item 27 is marked other than any injury or other traumatic event, the Medica. | | 21. Signatura of Funarai Sarvica License | 11 | | Schu 610 | munek W. Mo | ress of Fecility E Funera IcPhail | al Hom Road. | e of i | Bel Air. Air. MI | i, II | nc. 21014 | |
| | | | 23a. Part1. Entar the disaese, or compile shock, or heart failura. List only on | cations thet caused to | he daath. Do no | | | | | | | | Approxime | etween |
| | Physician | | | | | | | Α | | | | | Onset and | Deeth |
| -11 | /Medical Examiner | | tmmediata Causa (Final diseasa or condition | Na | ncer) | the | hree | entre | | | | | 84 | 23 |
| н | LAdimine | | rasulting in daath) | | ua to (or as a co | | | | | | | | | |
| - | b # | i e | | | | | | | | | | l i | | |
| | and -tran | хац | Sequentially list conditions, | D | ua to (or as a co | onsequance | of): | | | | | | | |
| 68760, | icata be asscuted physician and s the burial-transit | edicai Examiner | Sequentielly list conditions, if any, leading to immediate cause. Entar Underlying Cause (Disaasa or injury that initiated evants | | | | | | | | | | | |
| 8 | Sata Shysi | dici | thet initiated evants rasulting in death) Last | D | ua to (or as a co | nsequence (| of): | | | | | i | | |
| 9 X | in gin | Σ | d | | | | | | | | | | | |
| Box | ath ce attend for us | Physician/ | Death Other levels and a state of | | | | | | | | | | | |
| P.O. | that the de ed by the datached | ys | Part II. Other significant conditions con | tributing to death but | not rasulting in | tha undarlyir | ng causa g | iven in Part I. | 1 ' | | Decco use col | | | |
| | signed b | | | | | | | | | 1 ☐ Ye | s 21/LINO | 3 Pro | obably 4[| _ Unknown |
| Records, | ulres n sign | d by | | | | | | | 2 | 4a. Was an | autopsy | 24b. V | Vere autopsy | tindings |
| 8 | v require been si should | Completed | | | | | | | | perform | ed? | 0 | vailable prior | |
| Re | lclan: The lav cartificata has rector, paga 2 | μ̈́ | | | | | | | | 451 | - - - | | f daeth? | 7 |
| a | | | 25. Was casa ratarred to medical | | | | | 80 Di | 10 | 1 🗆 Ya | | | Yes 2 | No |
| > | | To Be | axaminar? | ospitai: | t 2 ER/Out | nationt 3 | DOA O | ther | f Death (Che | | nce 8 Oth | as (Cana | 4.1 | |
| of | Phys r this eral di | | 27. Mannar of Deeth | 28a. Data of Injury (Month, Dey | | | 28c. tnju | | 1 | | w injury occur | | ny) | |
| on | Afte | tior | 1 ☐Natural 5 ☐ Panding 2 ☐ Accident invastigation | (Month, Dey | Year) In | ury M | | onk?]Yas 2∐No | , | | | | | |
| S | or Attending I after death. Director: After I in by the fune | fica | 3 ☐ Suicida 6 ☐ Could not be | 28a. Place of Injury | v - At homa, feri | - | tory, office | | 28f. L | ocation (Str | eet end Numb | er or Rui | ral Route Nu | m <i>ber</i> , |
| Division of Vital | affar Dire | Certification: | 4 Homicide | building, atc. | (Specify) | | ,, | | 0 | ity or Town, | Stata) | | | |
| | polta ours fille | | 29a. Cartifiar 1⊡ Certifying Phys | Ician: To the best of | my knowledga. | daath occurr | red at tha t | ima, date and r | piace, and di | ie to the ca | use(s) and ma | nnar as | stated | |
| | To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the | edicai | (Check only 2 Medical Examinone) | er: On the besis of a end manner state | xamination and | or invastigat | tion, in my | opinion, daath | occurred at | tha tima, da | ta end piace, | and dua | to the cause | (s) |
| | ofthin ofthin | Me | 29b. Signatura and titla of certifiar | | | | 29c. Licen | isa number | | 29 | d. Date signed | d (Month | , Dey, Year) | |
| | C > F 0 | | My MI | | | | 0 | 1848 | 7 | | 5/20 | 7 /9 | 7 | |
| | | | 30. Nama and addrass of person who con | moiated cause of des | ath (Itam 23a) (T | vne. Print) | | | | | 100 | 1/1 | / | |
| | N | | MYO THANT | 6830 DE | SPITAL | DRI | vE, | STE 2 | 06 | BAL | TU, MI | 771 | 237 | |
| | Sta | ite | 31. Data tilad (Month, Day, Year) | 32. Registrar | | | | | | | | | / | |
| | Registr | | JUN 0 3 1997 | Lulia Davi | dson-Rand | 19 | | | | | | | | |
| | | | - AALLA A INAI | -// | - | - | | | | | | | | |

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death 1997 ar Day **Physician** Robert H. Fulkoski, Sr. June 11:15 AM /Medical 4e. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 9817 Richlyn Drive Perry Hall Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** Months 1 € M 2 □ F Oct. 2, 1917 79 Yrs 217-26-8251 **Director** Maryland Usual Residence of Decedent with the Merylend 10a State 10b. County 10d. Inside City Limits 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examiner must be notified at 1 ☐ Yes 2 No Maryland Baltimore Director Perry Hall 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 9817 Richlyn Drive 21128 U.S.A. Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 Ø Yes 2 □ No it Yes, Give Year or Detes: WW II 14. Race - American Indian, Black, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-it Yes, specify Cuben, Mexican, Puerto Rican, etc.) permit. Peges 1 and 2 should be filed within 72 hours after a Department of Heelth and Mentel Hygiene. Introprant: if item 27 is marked other than "natural", or hem any injury or other traumatic event, the Medical Examples 2008. 1 Never Merried 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: White Specify: by 3 Widowed 4 □ Divorced Completed 16a. Decedent'e Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry City Government Elementary/Secondery (0-12) College (1-4or 5+) Construction Superintendent 12th grade Construction 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Harry Fulkoski E. Elsie Robosson 19a. intormant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9817 Richlyn Drive, Perry Hall, MD (daughter) Jean Conrad 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Date 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 Donation 5 Dother (Specify) Gargrison Forest VA Cem. 16/5/97 Owings Mills, MD 21. Signature of Furgeral Service Licer 22. Name and Address of Facility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 23a. Part T. Enter the disease, or complications that paused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart tailure. List only one cause on each line. Approximete Interval Between Onset end Death **Physician** Immediate Cause (Finei disease or condition resulting in death) /Medical Examiner a. Coronary Artery Disease 10 yrs. Due to (or as a consequence ot) Examiner Generalized Ateriosclerotic Cardio Vascular Disease physician end s the burief-transit thet the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as e consequence of): signed by the attending d be detached for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Small Cell Lymphoma þ should 24b. Were autopsy tindings evelleble prior to completion of cause of death? Completed 24a. Was an autopsy Adenocarcinoma of the prostate page 2 s 1 Yes 25 No certificate 1 ☐ Yes 2 ☐ No Be 25. Was case referred to medical examiner? 26. Piace of Death (Check only one) 1 Yes 2 No Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 After this funeral 27. Manner ot Death 28a. Dete of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred Certification: i or Attending F after death. Director: After 1 Naturai 5 Pending Investigation 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be 3 Suicide 28e. Place ot injury - At home, tarm, atreet, tactory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 24 hours Hospital 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title ot certifier 29c. License number 29d. Dete signed (Month, Day, Year) 6-2-97 DO1340

Registrar

31. Date filed (Month, Day, Year)

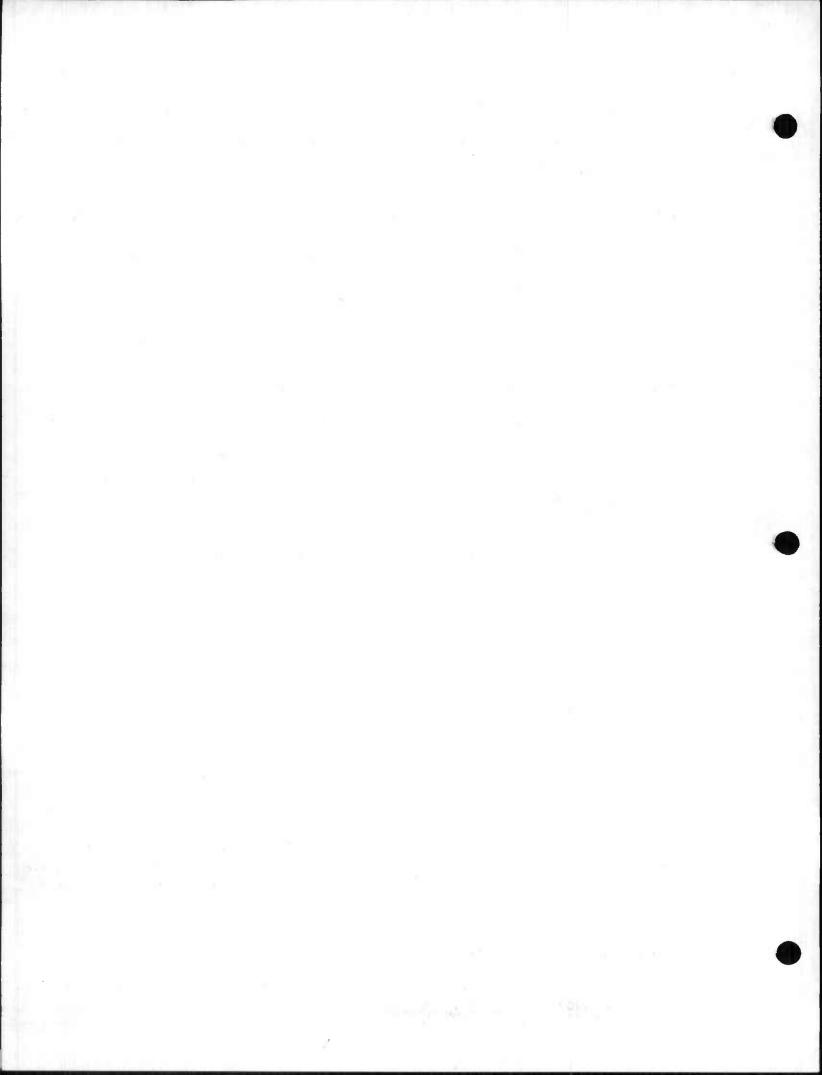
30. Name end address ot person who completed cause of death (item 23a) (Type, Print)

reodore



Rus

| | 2852- LIAM | | O OOTE | State of Marylan | | ent of Health and ate of Death | Mental Hy | giene Seg. No. | 7 167 | 48 |
|---------------|--|------------------|---|--|---|---|---|--|---|-----------|
| | Physic /Medi Exami | cal | Decedent's Neme (First, Middle, L. WILLIAM S 4e. Fecility Neme (If not institution, gi | . FootE | | 4b. City, Town, o | 2. Dete of Domestin May a year Location of Dear | Dey 24 1 | Yeer 3. Time of 9 9 7 3 : 4 | |
| | Funeral Director | | 5. Sociel Security Number 6. | ICLAIR LANE Sex 7. Age (In yrs. 10 M 20 F 57 | lest birthdey) If Un Yrs. Month | BALTIN der 1 Year if Under 24 H hs Deys Hours Mi | rs. 8. Dete of Bi | rth ey, Year) 2/39 | 9. Birthplece (State or Country) | r Foreign |
| | the Maryland 28a-f show notified at | ector | 10e. State 10b. County | 10c. City | y, Town or Location | | | | 10d. Inside Cit | |
| | ath with t | Funeral Director | 10e. Street and Number 1856 E. FA | 1 | | Zip Code 2/23/ | | 10g. Citizen of W | hat Country? | |
| 020 | Maryland 21215-0020 d 2 should be filed within 72 hours efter death with the Maryland th end Mental Hygiene. T is marked other than "natural", or Items 23s or 28s-f show traumatic event, the Medical Examiner must be notified a | by | 11. Maritel Status 1 Never Married 2 Married 3 Widowad 4 Divorced | 12. Was Decedent Ever in U, Armed Forces? 1 XYes 2 ☐ No If fres, Give Year or Dates: | | cedant of Hispenic Origin? pecify Cuban, Mexican, Pue s 2 No Specify: | (Specify Yes or Nearto Rican, etc.) | 5- 14. Race Biecl Specify: | - American Indien, k, Whita, etc. | |
| 21215-0 | | Completed | 15. Decedent's E (Specify only highest gr Elamantary/Sacondary (0-12) | ducation ede completed) Collega (1-4or 5+) | lifa. DO NO | suel Occupetion work done during most of w Tuse retired) | vorking | 16b. Kind of Bus | ottation | |
| Maryland | | To Be (| 17. Fethar's Name (First, Middle, Las LugENE 19e. Informant's Name/Reletionship | Foote | 19b. Mailing Addr | 18. Mother's N Sylvi ess (Street end Number or | in c | Meidan Sumemo | ک | |
| - | 1 and 2 Health e em 27 ls | | | NC FADDEN 206. P | lece of Disposition (I | E. FAYET | HE ST. | BACTIO 20c. Location - | (M) . 2/2: City or Town, Stete | 3/ |
| Baltimore | permit. Pages Department of Important: If it any Injury or one. | | 4 Donetion 5 Other (Spacial Survice Lice | (h) (S) | PRRISON FO | PREST CEMT, end Address of Fecility 2 -27 N- Mo | Claps Thillip | DALTITO TUNE | AL HOME | , 7 |
| | Physician /Medical Examiner | | 23a. Pert1. Enter the diseese, or conshock, or heert feilura. List only Immadiate Ceuse (Fine) diseese or condition resulting in death) | a. Guns | hot wa | node of dying, such es cerd | | | Approximeta intervel Betw Onset and D | ween |
| | ate be executed ysician and he buriel-transit | Examiner | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause, (Disease of Injury | b | r es a consequence | | | | i i | |
| x 68760 | leeth certificate be e attending physiclar d for use es the buni | Icai | cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in daath) Lest | Due to (or | r es a consequence d | of): | | 100 | | |
| Sox | t the deeth of by the attend tached for us | Physician/Med | Pert il. Other eignificant conditions | contributing to death but not rask | ulting in the undarlyin | g cause given in Part I. | 23b. Did | tobacco use con | tribute to the cause o | of death? |
| Is, P.O. | 2 2 8 | P | | | | | | | 3 Probably 4 U | |
| ital Records, | Tha law requiras t ata has been signe page 2 should be | Completed | Ти | | | | perf | s en autopsy ormed? | 24b. Wara autopsy fi available prior to completion of ca of daeth? | ause |
| Ital | Tr. Tr. | 0 | 25. Wes case rafarrad to medical | | | 26. Place of D | leeth (Check only | Yes 2□No | 1 ⊘ (Yes 2 □ I | No |
| 7 | Dil | To B | exeminer? 1X Yes 2 No | Hospital: 1 ☐ Inpatient 2 ☐ | ER/Outpatient 3□ | Other | | | ar (Specify) SCEN | ΙE |
| Ĕ | 173 | on: | 27. Manner of Deeth 1 □ Natural 5 □ Panding | 28e. Date of injury (Month, Dey Year) | 28b. Time of Injury | 28c. Injury et Work? | 28d. Describe | how injury occurre | ed . | |
| Division | To the Hospital or Attendi within 24 hours aftar dealn To the Funeral Director's completaly filled in by the f | Certification: | 2 Accident investigation 3 Suicide 6 Could not to 42 Homicide datarmined | De Coo Pleas of Live At he | 1) | 1 ☐ Yes 2 ☑ No tory, office | | (Street and Number wn, Stata) 4000 | Shot or or Rural Route Number Block Since Marylan | |
| | Hospital 24 hours Funeral staly filled | edical | (Check only 212 Medicat Exa | nysician: To the best of my know miner: On the basis of examinat | wladga, daath occurr ion end/or investigat | ed at the time, date and pla ion, in my opinion, death oc | ce, and due to the | causa(s) end mai | nnar as stated. | |
| | To the within 2 To the comple | Med | 29b. Signeture end titla of cartifier | end menner stated. | | 29c. Licansa number | | 29d. Data signed | (Month, Dey, Year) | |
| | 6 | | 30. Name and address of person who | A MacA completed cause of death (Item | - francisco | O.C.M.E | | | .4,1997 | |
| | | | Stephen S. Ra | dentz, MP | | n Street, | Baltimo | re, Mar | ryland 21 | 201 |
| | Sta Regist | | 31. Date filed (Month, Day, Year) JUN 0 3 1997 | Registrar's Signa | -Mandalle | | | | | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Warren Lincoln Golding 29 1997 May 0630 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 2925 Chestnut Road Edgewater Anne ARundel 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Yeer) **Funeral** Birthplece (Stete or Foreign Country) 1 M 2 F Months Days Hours 212 28 9798 85 Yrs. Director June 29 1911 N.J. Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. inside City Limits me 23a or 28a-f show Director Md 1 ☐ Yes 🎗 🗋 No Anne ARundel Edgewater 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? death with 2925 Chestnut Road 21037 USA Funeral 12. Was Decedent Ever in U,S.
Armed Forces?
15 Yes 2 □ No 1942
17es, Give
Year or Dates: 1945 r than "natural", or items the Medical Examiner m Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. plannit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. 1 ☐ Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: P 3 Widowed 4 Divorced Specify: White Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Forest Ranger State Forestry 7 is marked other traumatic event, I 17. Father's Name (First, Middle, Last) 18. Mother's Name (First Middle Ma Be Warren Lincoln Golding Sr Matilda Smith 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Reno V. Golding 2925 Chestnut Road, Edgewater, Md 21037 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burlal 2 Cremation 3 Removal from State 0 6/2 4 ☐ Donation 5 ☐ Other (Specify) Hillcrest Cemetery Annapolis, Md 21. Signature of Fur 22. Name and Address of Facility Hardesty Funeral Home PA, 12 Ridgely 23a. Part1. Enter the of sease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest. Approximate Interval Between Onset and Death **Physician** heart disease (arteriosclerotic many /Medical immediate Cause (Final disease or condition resulting In death) Examiner Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last ë Due to (or es e consequence of) P.O. Box 68760 physician 8 Physician/Medical 2 Due to (or as a consequence ot): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 2 70 23b. Did tobecco use contribute to the ceuse of deeth? Vularheart disease, Diabetes mellitus ā 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ped ad p vision of Vital Records, 24b. Were autopsy findings eveilable prior to completion of cause of death? 24e. Was en eutopsy performed? Completed **page 2** 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medicel examiner?
1 Yes 2 No Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 着 28d. Describe how injury occurred 27. Menner of Death 28a. Dete of Injury (Month, Dey Yeer) 28b. Time of 28c. Injury et Work? Certification: Ahor 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident Director 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 | Homicide Certifying Phyaicien: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) To the 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

State

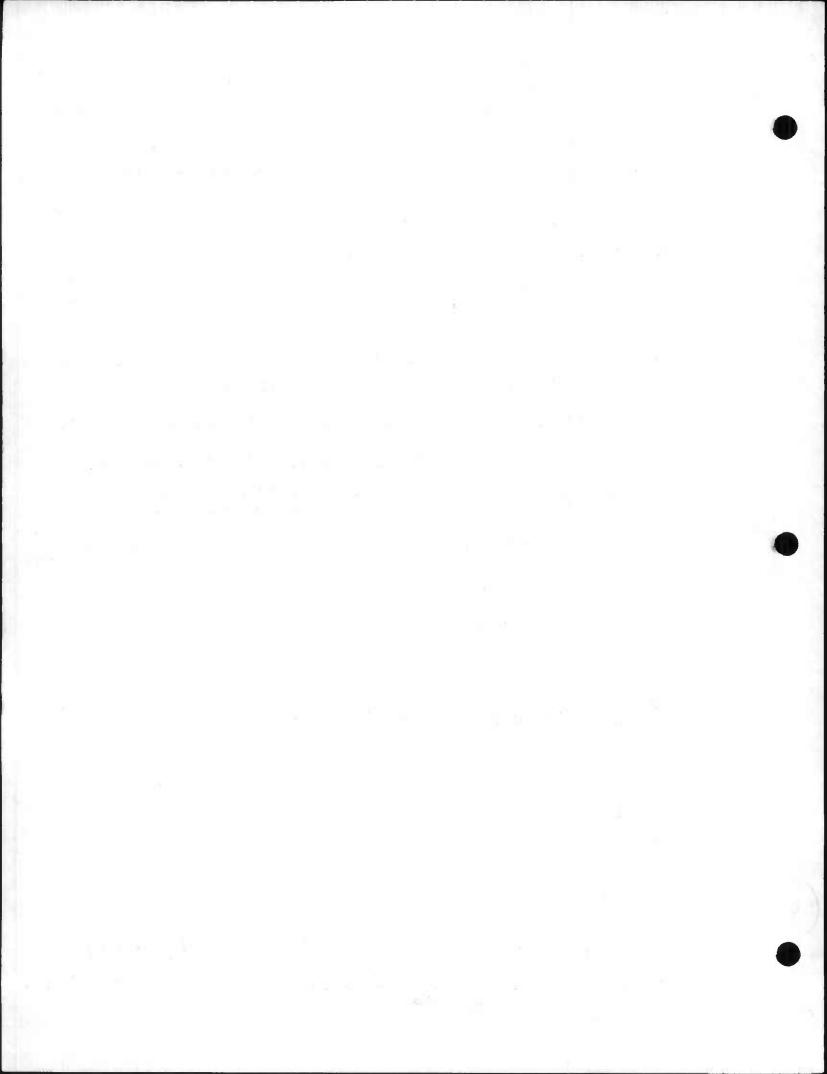
Registrar

May 29,

3 Medical Pkwy #100, Annapolis, MD 21401

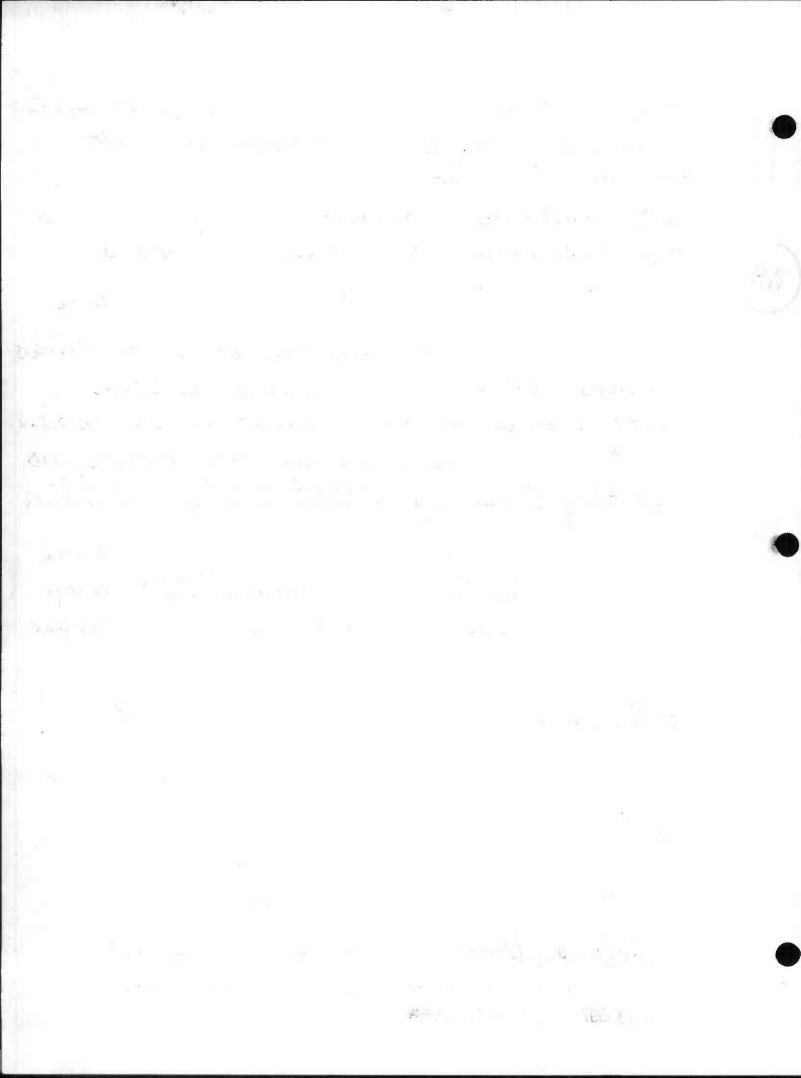
31. Date filed (Month, Day, Year) JUN 0 3 1997

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| | | | Certificate of | Death | Reg. | No. | 9 / | 10/20 |
|-------------------------------------|---|---|---|---|-------------------------------------|--------------|-------------------------------|--|
| Physician | | 1. Decedent's Name (First, Middle, Last) | | | 2. Date of Death Month | Day | Year | 3. Time of Death |
| /Medical | | Billy R. Grimes | | | 06 (| 7/ 0 | 97 | 4:32 |
| Examiner | ľ | la. Facility Name (If not institution, give street and number) | | 4b. City, Town, or Lo | | 4c. County | of Deeth | 2 |
| | 4 | 5. Social Security Number 6. Sex 7. Age (In yrs. la. | st hirthday) If Under 1 Yea | Sql moy | 1-2 | | NIT | |
| Funeral Director | | 5. Social Security Number 6. Sex 7. Age (In yrs. lat | Yrs. Months Deys | | 8. Date of Birth (Month, Day, Ye | er) | 9. Birthplac | ce (State or Foreign |
| riector | ¢ | Usual Residanca of Decedent | | | | | | |
| P H | | | Town or Location | | | | 10d | . Inside City Limits |
| 28a-7 st notified rector | | MD. BALTIMORE | DUNDALA | 5 | | | | 1 □ Yes 2/5 No |
| be notified Director | | 10e. Street end Number | 10f. Zip Code | ()) > | 10g. | | Vhat Country | n |
| la la | 3 | 7804 CHARLESMONT | | 1202 | | U.S | · A. | |
| Funeral | | 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? | 13. Was Decedent of If Yes, specify Cul | Hispenic Origin? (Spe ben, Mexican, Puerto | ecify Yes or No- Rican, etc.) | | e - American k, White, atc | |
| by F | | 1 ☐ Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give 1 ☐ Widowed 4 ☐ Divorced Year or Dates: | 1 □ Yes 2 No | Specify: | | Specify | 11,11 | ITE |
| | | 100 0 000 | 16a. Decedant's Usual Occu | ination | 161 | Kind of Bu | isiness/Indus | |
| Completed | | (Specify only highest grade completed) | (Give kind of work done lifa. DO NOT use retin | during most of worki | ing | | | , |
| E O | | Elementary/Secondary (0-12) College (1-4or 5+) | SANITATIO | 1 ENGINE | eer L | EVE | .R | BROTHER |
| Be |) | 17. Father's Name (First, Middle, Last) | | 18. Mother's Name | (First, Middle, Maid | dan Sumam | e) | |
| P P | | CHARLES GRIMES | | BESS | IE BO | 122 | ARL |) |
| | | 19a. Informant's Name/Relationship (Type, Print) | 19b. Mailing Address (Stree | 1 | 0. | | | |
| | | BETTY J. GRIMES - WIFE | | arles mon | | | | 10 2/220 |
| 50 | 1 | 1 Burial 2 Cremation 3 Removel from State | ca of Disposition (Name of netery, crematory or other plants | 909) | 1-1-1 | | City or Town | |
| funy | 1 | 4 □ Donation 5 □ Other (Specify) ME | TRO Crew | | | | Sville | |
| any in | | 21. Signature of Funeral Servica Licensee | 22. Name and Add | ess of Facility 4 Funer | Al Home | = of | Dun | dalk |
| * 0 | | Gothny C. Connel | 4 7/10 Sol | less Poi | AT RA. | BAL | TO. M! | 2 स्टिये |
| | | 23a. Part1. Enter the disease, of complications thet caused the death. shock, or heart failura. List only one cause on aach lina. | not enter the mode of dy | ing, such as cardiac o | or respiratory arrest, | | In | pproximate itarval Between |
| ian ical | 1 | Immediate Course (Final | | | | | | Inset and Death |
| er | | Immediate Causa (Final disease or condition rasulting In death) a. Sep 5/5 | | | | | 1 | Week |
| ē 🗖 | | Q Due to (or a | as a consequence of): | | pnen | monity | 10 | 1 . |
| Examiner | | b. Pronchioli | s a consequence of): | erans to | nganiza | 29 | 10 | days |
| | | Sequantially list conditions, ff any, leading to immediate cause. Enter Underlying Causa (Disease or Injury | A a la a | 100 | • | | 0 | |
| edicai | | | s a consequence of). | 115e4se | | | Ov | a year |
| Medic | | resulting in death) Last | | | | | | |
| an | | d | | | | | | |
| sic /sic | 1 | Part II. Other significant conditions contributing to death but not resulti | ng In the underlying causa g | ivan in Part I. | 23b. Did tobac | co use cor | ntribute to th | ne cause of death? |
| Physician | | Bladder Cancer | | | 1 🗆 Yes | 2□ No | 35 Probab | oly 4 Unknown |
| p p | | MINING CONT | | | | | D45 144- | autono din di |
| etec | | | | | 24a. Was an a | iropsy 1? | availa | autopsy findings able prior to detion of cause |
| page 2 should | | | | | | | of das | ath? |
| S O | | | | | 1 ☐ Yes | 2000 | 1 🗆 Y | es 2 SM6 |
| Be | | 25. Was case referred to medical examinar? | | 26. Placa of Daath | | | | |
| 2 | | TLI Yes 250 NO 100 Inpatient 2 LEF | Voutpatient 3 DOA | | ne 5 Residence | | | |
| lon | 1 | 1 Natural 5 □ Pending (Month, Day Year) | Injury Wo | ork? ☐ Yes 2 ☐ No | 28d. Dascribe how i | njary occurr | 60 | |
| y the | | 3 Suicide 6 Could not be 28e. Place of Injury - At hom | | | 28f. Location (Stree | t and Numb | er or Rumi R | loute Number |
| ed in by the funeral Certification: | | 4 Homicide datarminad 288. Placa of injury - At nom building, atc. (Specify) | o, .a.m, onder, lactory, office | | City or Town, S | | | |
| | | 29a. Cartifier Certifying Physician: To the best of my knowle | edga, daath occurred at the t | ime, date and place. | and dua to tha caus | a(s) and ma | nnar as stata | ad. |
| edical | | (Check only one) 2 Madical Examiner: On the basis of axamination and mannar stated. | n and/or invastigation, in my | opinion, daath occurre | ed at tha time, data | and placa, a | and due to th | e cause(s) |
| W Comb | | 9b. Signature and title of certifier | 29c. Licen | se number | 29d. | Date signed | (Month, De | y, Year) |
| | | Must Wilson Lol IMP | 97 | //< | 6 | 111 | 117 | |
| | 1 | 0. Name and address of person who complated cause of death (Item 2 | 3a) (Type, Print) | | | 11/ | 7/- | |
| | | Alice L. Wilkerson 4940 Eq | stem Ave 6 | Baltomore | mb s | 1122 | 14 | |
| State | 1 | 31. Date filed (Month, Day, Year) 32. Begistrar's Signatur 31. IIIN 0 3 1997 | | | | | | |
| tegistrar | | JUN 0 3 1997 | PURE | | | | | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 3. Tima of Death 2 Date of Death **Physician** Month 5 LOUIS HINDIN 31 5:00 PM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** CHEVY CHASE MANOR CARE MONTGOMERY 5. Social Sacurity Number If Under 1 Months Year If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Mopth, Day, Year) 9. Birthplaca (Stata or Foreign **Funeral** 1 M 2 F Days Hours 208 - 22-7459 Reading, PA Yrs. Director 02 Usual Rasidence of Dacedant 10a State 10b. County 10c. City, Town or Location 10d. insida City Limits 28a-f show Director Montgomery 1 Yas 2 No Bethesda, MD 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? ò 5225 Pooks Hill Road 20814 USA or items 23a 12. Was Dacedent Evar In U,S. Armed Forcas? 12 Yas 2 No If Yas, Giva Yaar or Datas: U U U I 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11 Marital Status 72 hours after 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: py Specify: White 3 Widowed 4 □ Divorced natural', Completed 15. Decedant's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Hygiena. Elemantary/Secondary (0-12) College (1-4or 5+) .. Pages 1 end 2 should be filled wi tment of Heelth and Mental Hygien tant: If Item 27 Is marked other th jury or other traumatic event, the Accountant WAShiNOTON D.C 12 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meldan Sumama) Be Sarah Fogelman Harry Hindin 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City of Town, Stata, Zip Coda) Schwalb (Meyginew) Rockville MD. 201 20c. Location - City or Town, Stata Stone wood TERR. 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, crematory or other place) H Burial 2 Cramation 3 Ramoval from Stata permit. Page Department of Important: If any Injury or once. Berks Co.PA Kesher Zion Cemetery 4 Donation 5 Othar (Specify) 21. Signature of Funaral Sarvica Licanses 22. Nama and Addrass of Facility 23a. Part1. Entar tha disaasa, or complications that causad the daath. Do not entar tha mode of dying, such as cardiac or respiratory errest,

Approximate

Approximate Approximata Intervel Batwaen Onsat and Daath **Physician** Immediata Causa (Final NECROTIC BOWEL 2 WEEKS disaasa or condition resulting in daath) Examiner Due to (or as a consequenca of) Examiner VASCULAR DISEASE 10 YEARS ATHEROSCLERGTIC physician and the buriel-trans Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that Initiated avants rasulting In daath) Last Dua to (or as a consequanca of) P.O. Box 68760. Physician/Medicai Dua to (or as a consequanca of) Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contribute to the cause of death? signed by t 1 Yas 2 No 3 Probably 4 Unknown CEREBROVASCULAR ACC I DENIT Records. by Completed 24b. Wara autopsy findings aveilabla prior to complation of causa of death? 24a. Wes an autopsy performed? MEILITUS DIABETES of Vital ing Physician: Be 25. Was casa raferred to medical 26. Placa of Death (Chack only ona) exeminer? Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA 2 fter this 27. Mengar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred Certification: 28c. Injury at Work? 0 1 Delatural 2 Accidant 5 Panding invastigation 1 ☐ Yas 2 ☐ No 3 Suicida 6 Could not be datarminad 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicida Medical 1/2 Cartifying Phyalcian: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.
2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar To the To the 29b. Signatura and titla of certifiar

Rd Cheuy Chase MD.

DHMH 16 Ray 6/95

State

Registrar

30. Nema and eddress of person who complated causa of deeth (Itam 23a) (Type, Print)

HAMME # MD.
31. Date filed (Month, Day, Vear)

JUN 0 3 1997

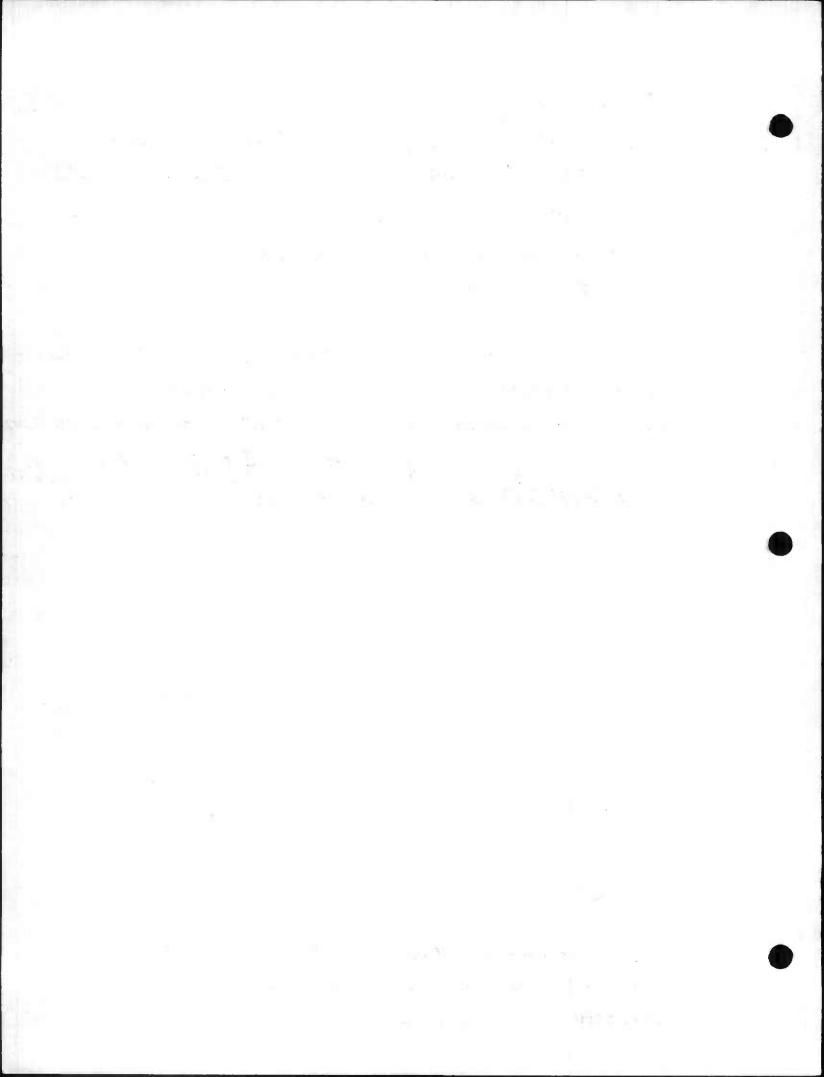
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THE E OF 100 100

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death, Month **Physician** 99 JUNE Am /Medical 4b. City, Town, or Location of Death 4e. Facility Neme (If not Institution, give street end number) 4c. County of Death **Examiner** BALTIMORE Mount STREET If Under 1 Yeer
Months Deys Hours Min. 8. Dete of Birth (Month, Day, Birthplace (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthdey) **Funeral** 10 M 20 F Months 216 · 34 · 022 2 Usuel Residence of Decedent Yrs. Director Pagas 1 and 2 should be filed within 72 hours aftar death with the Manyland neat of Hauth and Mental Hygiana.
Int: If itam 27 Is marked other than "natural", or items 23s or 28e4 show that of items and item 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits BALTIMORE 1 TYes 2 □ No MI Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Examiner must be r MOUNT 4514 SPEET 21217 Funerai 12. Wes Decedent Ever in U,S. Armed Forces? Rece - American Indien, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus Yes 2 No t Yes, Give Yeer or Detes: 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1□ Yes 2UNo Specify: BIACIC þ 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) Housekeeping Sth 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Pearl Huggins 10 Clava 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Intorment's Neme/Reletionship (Type, Print) MOUNT ST. 812 N. R. Holmas (Husband) BALTIMORE, MODIOIT CRNESTEEN 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Department of Important: If it any injury or o 1 Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 6/6/97/Ansdowne, MA 4 ☐ Donetion 5 ☐ Other (Specify) 210N P. WYLLE FUNERIALHA 21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility 638 GILMOR ST. BALTIMOREMODZIZA N. 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiec or respiretory arrest, shock, or heert teilure. List only one cause on each line. Approximete Interval Between Onset end Death Physician Immediete Cause (Finel disease or condition resulting in deeth) /Medical Myocardial ischemia 5 minutes Examiner Due to (or es e consequence of) Examiner Pleural effusion weeks physician and the burial-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Bladder cancer with metastases vears of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): usa as l signed by the a d be detached for Pert fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Anknown Diabetes mellitus by 24b. Were autopsy tindings aveilable prior to completion of cause of death? 24e. Was en eutopsy performed? Completed hypertension page 2 s cartificata has 1 Yes 1 ☐ Yes 2 ☐ No ing Physician: director, 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: 1 Yes 200 Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) 27. Menner ot Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? uo 5 Pending investigation Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Pieca of Injury - At home, ferm, street, tectory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier Medical (Check only one) To the within 2 29b. Signeture end title of cartitier 29c. License number 29d. Dete signed (Month, Dey, Year) D 13006 2 June 97 30. Neme end eddress of person who completed cause ot deeth (Item 23e) (Type, Print) Thomas Powell 101 W. Read St. Baltimore 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State JUN 0 3 1997 Registrar - Landson-Randale

DHMH 16 Rev 6/95



97-2850-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. i hm State of Maryland / Department of Health and Mental Hygiene SHAUNA Certificate of Death HANTZ ITEM: 19b per FH G-748 6-3-97 eoh 1. Decadant's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Dey 1997eer **Physician** Month MAY 24, 00:07 AM nauna /Medical 4e. Facility Name (If not institution, give straet and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 2200 BLOCK OF DENISON STREET BALTIMORE If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 22 Yrs. If Under 1 Yaar 6. Sax Funeral 1 M 2 KF Months Days **Director** Usuel Residence of Decedent the Maryland 10a. Stata 10b. County 10c. City, Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. inside City Limits 1 Yes 2 No **Funeral Director** aryland 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? death with 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yas 2 No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yas or No If Yes, specify Cuben, Mexican, Puerto Rican, atc.) Reca - American Indian, Black, White, etc. 11. Maritel Stetus filed within 72 hours efter 1 Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorced ttrican American Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Give kind of work dona during most of working life. DO NOT use retired) I Hygiene. Elamentary/Secondary (0-12) College (1-4or 5+) 10 i. Pages 1 and 2 should be filed wi tment of Health and Mental Hygien tant: if item 27 is marked other th lury or other traumatic event, its 10 Baltimore, Maryland 17. Fether's Nema (First, Middle, Last) 18. Mothar's Name (First, Middla, Maiden Be 19a. Informent's Name/Reletionship (7 Rrint) il mother 19b. Meiling Address (Street and Number or Rural Route Number, oroth 19,21216 uKelar 20b. Pleca of Disposition (Name of cem war crematon of other placa) 20a. Method of Disposition

1 Buriel 2 Cremetion 3 Removal from Stete permit. Page Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) -10nJoseph 21. Signald of Funeral Service/Licenses 22. Name end Addrass ner 22 enter ti 222 W. Nor H. Ave, rithe mode of dying, such as cardiac or respiretory errest, Ave, ld. 2/2/6 a, or complications thet caused the deeth. Do not List only one ceusa on each line. Approximata Intervel Batween Onset end Deeth Physician Immadiate Ceuse (Final Multiple disease or condition resulting in death) Gunshot Examiner Due to (or es a consaquance of): bunel-transit requires that the death certificate be executed Sequantially list conditions, if eny, leading to immediata cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in death) Lest Due to (or es e consequence of): P.O. Box 68760, Physician/Medical the Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 3 1 Yes 28 No 3 Probably 4 Unknown þ cords, ng eq Be Completed 24b. Ware autopsy findings aveileble prior to completion of cause of death? 24a. Wes en eutopsy performed? 1 XYes 2 □ No 17 Yas 2 No 25. Was casa raferred to medical 26. Place of Death (Check only one) examinar Other: 4 Nursing Home 5 Residence 6 NOther (Specify) SCENE Certification: To XYes 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA # or Attending Ph 28d. Dascribe how injury occurred 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? Division Injury 1 Neturel 5 Pending deeth. 1 Yas 2 No Invastigation 1200 Subject Was Sher 28f. Lecation (Street and Number or Rural Route Number, City or Town, State) 2200 Block Denison To the Hospital or Attendi within 24 hours effer death To the Funeral Director: A 2 Accidant 5-24-97 the 6 Could not be determined 3 Suicide 28e. Piaca of injury - At home, farm, street, fectory, office building, etc. (Specify) n by 4 Homicide Street

Baltimore City, Maryland

1 Certifying Phyeician: To the best of my knowladga, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

X XMedical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner steted. completely filled 29a. Cartifier (Check only one) Medical 29b. Signature and title of certifiar 29c. License number 29d. Date signed (Month, Day, Year) OCME MAY 24, 1997 30. Name and address of person who completed cause of deeth (item 26a) (Type, Print) MP 111 Penn Street, Baltimore, Maryland 21201

State Registrar Stephen S. 1 31. Date filed (Month, Day, Year) JUN 03 1997

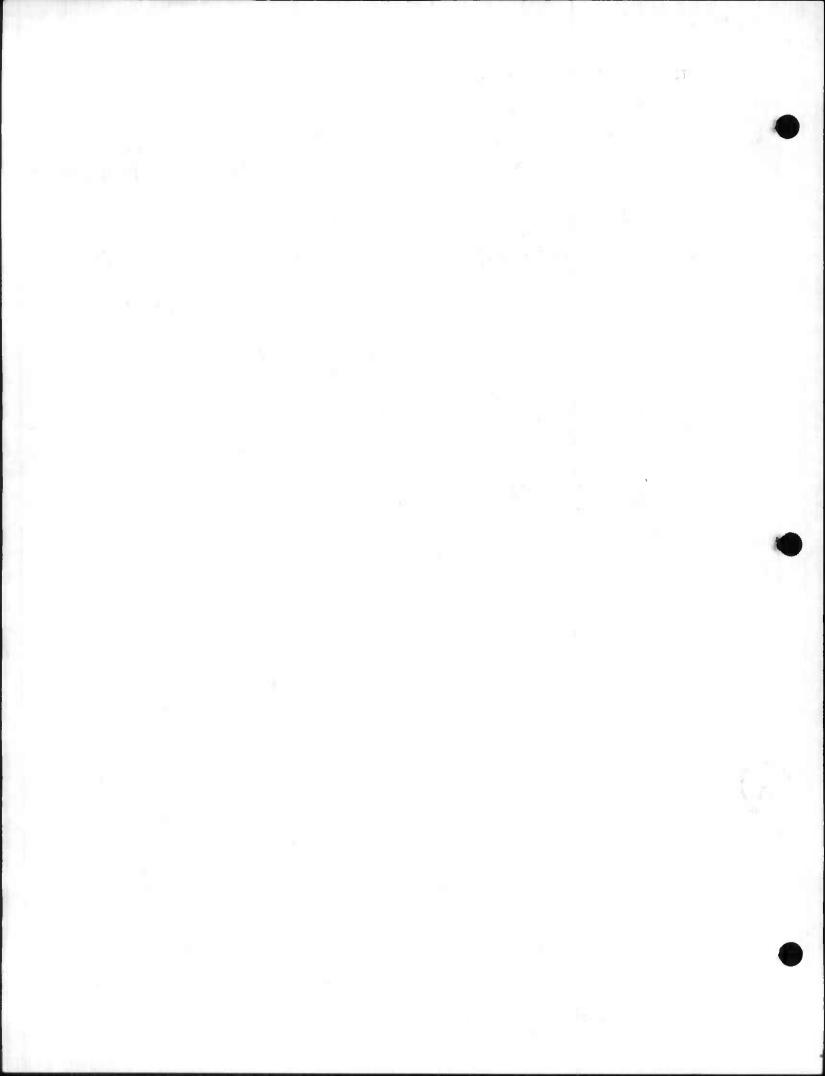
S. Radentz MP 111

Day, Year)

32. Registrar's Signature

1997

La Wavidson-Randette



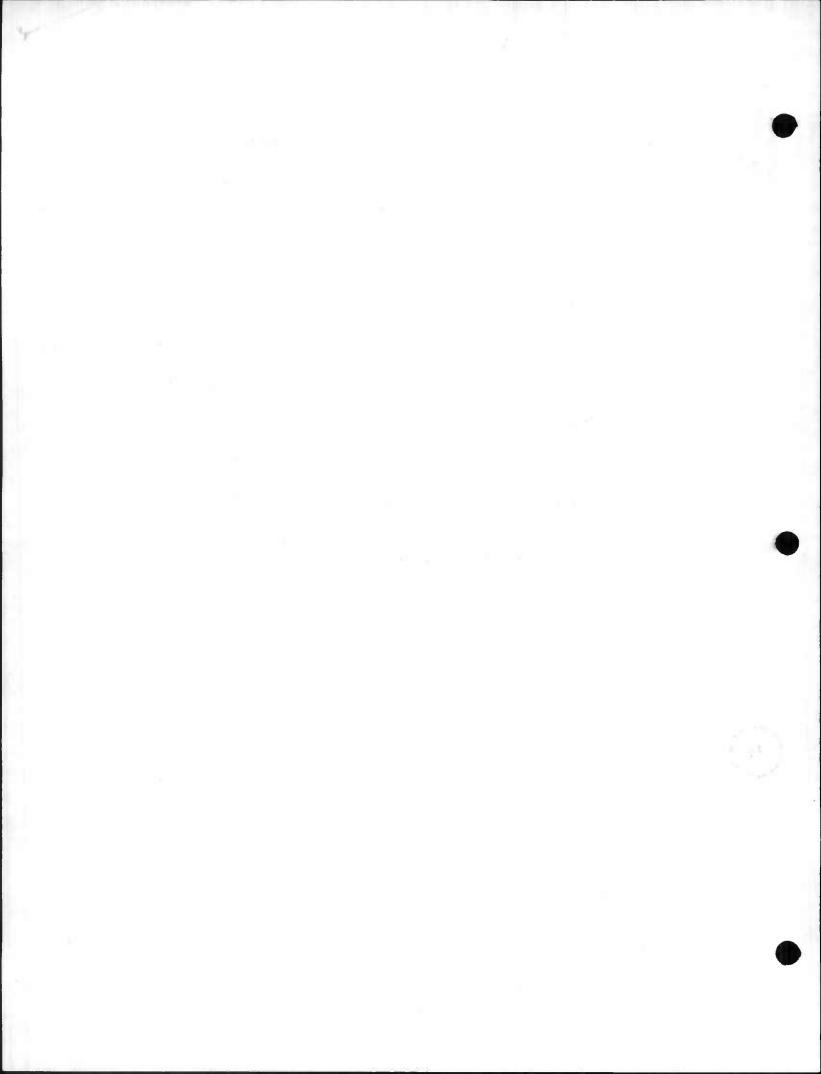
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible,

State of Maryland / Department of Health and Mental Hygiene

16754 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Deeth **Physician** Month 28^{Day} 1997 John Car1 Horst May 8:30 mm /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 101 Locust Drive Catonsville Baltimore If Undar 1 Yaar If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. AND 13, 1913 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 100 M 2□ F 216-07-7273 83 Maryland Yrs Director Usuat Residence of Decedent the Meryland 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at MD Baltimore Catonsville 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5 101 Locust Drive 21228 USA Herrs 23a death Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ♣☐ No If Yes, Give Year or Datas: 11. Maritai Status 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours after d. Depertment of Heelth and Mental Hygiene. Important: if Item 27 is marked other than "natural, or Hem eny Injury or other traumatic event, the Medical Exercises 2008. Black, White, etc. 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White þ 3 ™ Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Superintendent of Operations Loudon Park Cemetery 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be August Horst Barbara Leichty 19a. informant's Name/Retationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Franklin L. Woodland, Sr./son 101 Locust Dr. Catonsville, MD 21228 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Locetion - City or Town, State Date Burial 2 Cremation 3 Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) Loudon Park Cemetery 5/31/97 Baltimore, MD 21. Signature of Funeral Service Licensee

Dawn F. McDonald 22. Name and Address of Facility MacNabb Funeral Home, P.A. 301 Frederick Rd. Baltimore, MD 21228 inter the mode of dying, such as cardiac or respiratory arrest, 23a. Part1. Enter the disaase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heart feilure. List only one ceuse on each line. Approximate intervat Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting In death) cardiavascula Examiner Due to (or as a consequence of) Examiner that the death certificate be executed Sequentially ilst conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): physician s the buriel P.O. Box 68760. Physician/Medical Due to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? t ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Completed by 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 No Division of Vital or Attending Physicism: director Be 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) Hospitat: 1☐ Yes 2 No Other: 4 □ Nursing Home 5 ☑ Residence 6 □ Other (Specify) Certification: To 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28e. Dete of injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Naturai 5 Pending i Director: Aft 1 Yes 2 No investigation 2 Accident 6 Coutd not be determined 28a. Place of Injury - At homa, farm, straet, factory, office building, etc. (Specify) 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide filled in 24 hours a Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(s) and manner as stated. within 24 hor To the Fune completely fi Medical 2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete end place, and due to the cause(s) and manner stated. ŝ 29b. Signature and title of certifier 29d. Data signed (Month, Day, Year) May 29 1997 D01786 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Maiden Choice Lane. Bacto Ma 21338 Gallager MD 216 aurence 32 Registrar's Signature 31. Date filed (Month, Day, Year) State JUN 0 3 1997 Registrar

DHMH t6 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| Physic | | Decedent's Neme (First, Middle, La | ist) | C | ertificate of | Death | 2. Deta of De | Reg. No. | 3. | Time of Deeth |
|--|--|---|---|--|--|--|--|---|---|---|
| | | OWEN DAVID H | ITTLE | | | | Month MAY | Dey | Year | |
| /Medi Examii | | 4e. Facility Nama (If not institution, give | | | | 4b. City, Town, or L | | | | B:11 A.M |
| LAUIIII | | GOOD SAMARITAN | HOSPITAL | | | BALTIMOR | E CITY | | N/A | |
| Funeral Director | | 299-14-6962 | Sex 7. Age | (In yrs. lest birthd 76 | Months Devs | If Under 24 Hrs. | 8. Data of Bir (Month, Da 11/7/2 | th y, <i>Year)</i> 20 | | (Stete or Foreign |
| pue * | | Usual Residence of Decedent 10e. Stete 10b. County | | 10c. City, Town o | Location | | | | 10d h | nside City Limits |
| Aarylis F sho | ٥ | | | | | | | | | Yes 2 No |
| the t | Director | MARYLAND BALTIMO | JRE | | PARKVILL 10f. Zip Code | E | | 10g. Citizen of V | What Country? | |
| 3a or | | 2322 HARFORD HILI | S ROAD | | 2123 | 1 | | USA | ······································ | |
| death | Funeral | 11. Maritei Status | 12. Was Decedant Ev | var in U,S. 1 | 3. Wes Decedent of | Hispanic Orlgin? (St | pecify Yes or No | - 14. Rac | e - American In | dien, |
| a within 72 hours effer death with the Maryland jiene. then "natural", or items 23a or 28a-f show then "natural" or items 23a or 28a-f show the Marical Examiner must be notified at | by | 1 ☐ Navar Married 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced | Armed Forcas? 1 Yes 2 No If Yes, Give Year or Dates: | WW II | If Yes, specify Cut 1 ☐ Yes 2 🛣 No | oen, Mexican, Puerto Specify: | o Rican, etc.) | Specify | ck, White, atc. WHIT | re |
| 72 ho | ted | 15. Decedent's E | ducetion | 16a. De | cedent's Usuel Occu | petion | kin a | 16b. Kind of Bu | usiness/Industr | / |
| within ene. | Completed | (Specify only highest green Elementery/Secondery (0-12) | College (1-4or 5+ | lif | ive kind of work done B. DO NOT use retire | ed) | King | AUTO RE | PAIR SH | HOP |
| e filed with al Hygiene. other than | Sol | 8TH GRADE | | SUP | ERVISOR | | | | | |
| id 2 should be filed within 72 hours eft th and Mental Hygiene. 77 is marked other than "natural", or traumatic event, the Medical Exami | Be | 17. Fether's Name (First, Middle, Last, |) | | | 18. Mother's Nem | ne (First, Middle, | Maiden Sumem | ne) | |
| should be ind Mental marked or umatic eve | 2 | HARVE HITTLE | | | | MARY | PETERF. | | | |
| d 2 shouth and h | | 19e. Informant's Name/Reletionship (| ** ** | | alling Address (Strea | | | | | θ) |
| ges 1 and 2 should be filed it of Health and Mental Hyg If Item 27 is marked other or other traumatic event, | | GRACE HITTLE 20a. Method of Disposition | WIFE | | 2 HARFORD sposition (Neme of | HILLS RO | AD BAL | CIMORE, | MD 212 City or Town, S | |
| Peges nent of h int: If ite | | 1 Burial 2 ☐ Cremetion 3 ☐ | | cometery, | crematory or other ple | | | | | olele. |
| permit. Peges 1 and Department of Health Important: If them 27 any Injury or other them. | | 4 ☐ Donetion 5 ☐ Other (Specification 21. Signeture of Funaral Service Licer | · | BALTIM | ORE CEMETI 22. Name end Addr | | 6/4/97 | BALTIMO | DRE, MD | |
| permit. F Departme Importan any Injur | | ▶ Christina | S. Kupa | | JOHNSON FT | UNERAL HO | ME 852 | LOCH R | AVEN BI | VD. |
| Physician /Medical Examiner | iner | Immediate Ceuse (Finel diseese or condition resulting in deeth) | | OSCLEROT ue to (or es e con | IC CARDIO | VASCULAR I | DISEASE | | τ | Inknown |
| be execute lician and burial-trans | Examiner | Sequentially list conditions. | D. D | ue to (or es e con | sequence of). | | - | | | |
| 8 55 | | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury | 6 | | sequence ory. | | | | | |
| ufficate g phys | edicai | if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest | d | ue to (or as a con- | | | | | | |
| certificate rding phys | edicai | Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest | d | | sequance of): | | | | | |
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| or Attending Physicians The Let Bourses that the death certificate free death. If the death is certificate than some by the attending physicial by the funeral director, page 2 should be deteched for use as the in by the funeral director, page 2 should be deteched for use as the | Be Compieted by Physician/Medical | Couse (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significent conditions of the c | d | 2 ER/Outpe | sequence of): e underlying ceuse gi tient 3IX DOA Of e of 28c. Injury | 26. Plece of Dee ther: 4□ Nursing H iny et ork?] Yes 2□ No | 24a. Wes perfo | Yes 2□ No en eutopsy rmed? Yes 2□ No one) dence 6 □Oth how injury occur Street end Numb | 3 Probably 24b. Were a eveileble compla of deeth 1 Yester (Specify) | 4 ☑ Unknow utopsy findings a prior to tion of causa ? S 2 ☑ No |
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DHMH 16 Rev 6/95

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item: 10c per F.H. G-748 6/3/97 reb 1. Decedant's Nama (First, Middla, Last) 2. Dete of Death 3. Tima of Death Month Year **Physician** Estelle E. Hennick June 1997 9:55AM /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City. Town, or Location of Daeth 4c. County of Death **Examiner** Forest Haven Nursing Home Catonsville Baltimore If Undar 1 Yaar | If Undar 24 Hrs. | 8. Date of Birth (Month, Day, Yaar) 7. Aga (In yrs. last birthday) 5. Sociel Security Number 6. Sex Birthplaca (State or Foreign Country) **Funeral** 1 M 2 F 217-16-5589 Yrs. Director 92 Oct. 23,1904 Maryland Usual Rasidanca of Decedent death with the Marylend 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits ns 23a or 28a-f shormal be notified at 1 ☐ Yas 2 ☐ No Director 315 Ingleside Avenue CATONSVILLE Maryland Baltimore 10e. Street and Numbar 10f. Zip Coda 10g. Citizen of What Country? 315 Ingleside Avenue 21228 U.S.A. Funerai itam 27 is marked other than "natural", or items other traumatic event, tre Medical Examinar m 12. Was Decedant Evar in U,S. Armed Forcas? Wes Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours effer c Depertment of Haalth and Mantat Hygiene. Important: If item 27 is merked other than "natural". or han any Injury or other trauments. 1 ☐ Yas 2 ☒ No If Yas, Giva Yeer or Detas: 1 □ Navar Marriad 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: þ 3 Widowed 4 Divorced White Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Businass/Industry 15. Decedant's Education (Specify only highast grada complated) Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middla, Maidan Surnama) Johann Darsch 2 Drucinda Stein 19a. Informant's Name/Relationship (Typa, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Roberta Spicer (Granddaughter) 16811 Frederick Road Mt. Airey, Maryland 21771 20b. Place of Disposition (Nama of camatary, cramatory or other place) June 5, 20a. Mathod of Disposition 20c. Location - City or Town, Stata DBurial 2 Cramation 3 Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Glen HavenMemorial Gardens 1997 Glen Burnie, Maryland 21 Signature of Funaral Sarvice Licensea .22. Nama end Addrass of Facility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryalnd 21228 23a. Part1. Entar tha disaasa, or bom lications that caused tha death. Do not antar the mode of dying, such es cardiac or respiratory errest, shock, or haart failure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** /Medicai Immediata Causa (Final 10 da disaase or condition rasulting in deeth) Examiner Dua to (or es e consequence of) Examiner physician and the bunal-tran Sequantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaasa or injury thet initiated evants resulting In daath) Last Dua to (or as e consequence of) Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of): ed by the a Part II. Other significant conditions contributing to death but not resulting in the undarlying causa givan in Part I. 23b. Did tobecco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No signed t à 24b. Were eutopsy findings avelleble prior to complation of cause of daath? 24a. Was an autopsy periomed? Completed ter en dem 1 Yas 2 No AAKETES MEWIUS Attending Physician: 25. Wes casa rafarrad to medical axaminar? Be 26. Pleca of Death (Check only one) Othar: 4 Mursing Homa 5 Assidance 6 Othar (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this huneral 27. Mariner of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? Aner 5 Pending death. 1 ☐ Yas 2 ☐ No invastigation 2 Accidant after deat Director: 6 Could not be detarmined 3 Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 4 Homlcida To the Hospital within 24 hours a To the Funeral C Certifying Physicien: To the best of my knowledge, death occurred at the tima, data and place, and due to the cause(s) end menner as stated. 29a. Certifiar Medicai

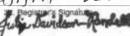
State Registrar

JUN 0 3 1997

30. Nama and eddress of person who complated causa of daath (Itam 23a) (Type, Print)

29b. Signature and title of certifian

31. Data filed (Month, Dey, Yaar)



29d. Date signed (Month, Dey, Yeer)

PARK

2 Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, date end place, end dua to the causa(s) and manner stetad.

29c. Licensa number

The state of the state of

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE HIGH ON CITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

IN THE HIGH ON THE CHARTON After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the min after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

| | 1 - STATE REGISTRAR | STATE OF M | | | TMENT | | | | REG. NO. | | | |
|--------------------|--|----------------------------|------------------------------------|------------|--------------|----------------|-----------|---------------------------|---|--------------|---------------|---|
| | 4 DECEMENT'S NAME (First Middle | Last) | | | | | | | DATE OF DEATH | | | 3. TIME OF DEATH |
| | MARTHA: | S. HAUPTM | IAN | | | | | | MONTH DA | | YEAR | 1:50 PM |
| | 4. SOCIAL SECURITY NUMBER | 8. SEX | 6. AGE (In yrs. lest | birthday) | IF UNDER | 1 YEAR | IF UNDER | 24 HRS. 7 | DATE OF BIRTH | • | 8. BIRTH | PLACE (State or Foreign |
| y. | 291-09-799 | 0 1 0 M 2 XF | 92 | YRS. | MONTHS | DAYS | HOURE | MIN. | (Month, Day, Year) | 2 | Country | v) |
| | So. FACILITY NAME (If not institution. | | 1- | | 9b CITY | TOWN O | R LOCATIO | ON OF DEAT | | | JNTY OF DE | MANY |
| Œ | (LEN HEADOWS | OCT PENE | S C | | 1000 | | | MD | | 14.7 | 3ALT | |
| DIRECTOR | RESIDENCE OF DECEDEN | | on Comm | IOIO . | 0 | enr | 45-11 | PUD | | | 34 | 0, |
| JEC | 10a. STATE 10b. CC | YTAUC | | | TY, TOWN C | | | | | | | 10d. INSIDE CITY LIMITS? |
| 10 | MD | BALTO- | | 6 | W C | La | - | KINGS | VILLE | | | 1 YES 2 NO |
| | 10a. STREET AND NUMBER | | | | | 10f. | ZIP CODE | | | 10g. CIT | TIZEN OF W | THAT COUNTRY? |
| ER | H630 GLEN A | R 07316 | LONGFIEL | D DR | IVE | | 5 | 3105 | 21087 | | US | A |
| FUNERAL | 11. MARITAL STATUS | 12. WAS DECEDENT | EVER IN U.S. ARI | MED | | | | | ORIGIN? (Specify Yea | or No- | 14. RACE | - American Indian, White, etc. |
| | 1 Never Merried 2 Merried | IF YES, GIVE W | YES 2. N | Ю | | | | n, Mexican, I Specify: | Puerto Rican, etc.) | | Specif | y G. A. S. |
| ВУ | 3 Widowed 4 Divorced | | | | | | / | | | | MHITE | chec. |
| | 15. DECEDENT'S (Specify only highest | | | | work done | | | g | 16b. KIND OF BUS | HNESS/IN | DUSTRY | |
| E | Elementary/Secondary (0-12) | Coffege (1-4 or 5 +) |) Illo. | | work done (| | | | | | | |
| MP | 12 | N/A | Ho | SIT | ال د | _ने जे | 400c | 1 | HOUSEKEEP | <u>ING-0</u> | MN HOM | E |
| COMPLETED | 17. FATHER'S NAME (First, Middle, Las | st) | | | | | | | (First, Middle, Maiden | Surname) | | |
| BE | PAUL HOFFR | | | | | | HBWI | G PUSO | HMANN | | | |
| 10 | 19a. INFORMANT'S NAME (Type/Print) | • | 19b | . MAILING | ADDRESS | S (Street a | nd Number | or Rural Rou | ite Number, City or Town | n, State, Z | (ip Code) | |
| - | DR. GERHARD A HALE | TMANN (SON) | | | | | | | TLLE MARYL | AND 2 | 1087 | |
| | 20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremetion 3 | Removal from State | 20b. PLACE other pla | ice) | | | | | | | - City or Ton | |
| 7 | 4 Donation 5 Other (Specify) | | DULANEY | VALI | | | | | . 1997 BALT | IMORE | MARY | LAND |
| | 21. SIGNATURE OF FUNERAL SERVI | CE LICENSEE | | | | | | SS OF FACIL | nry AL HOME, IN | 0 | | |
| | Mathorite | pack (| mino | V: | | | | | KINGSVILLE. | | C CIAN P | 1007 1051 |
| | 23. PART I. Enter the diseases | , or complications that | caused the de | ath. Do | not enter | the mo | de of dy | ng, such a | ea cardiac or reapi | ratory a | rreat, | Approximata |
| | ahock, or heert fall | lure. List only one ceus | se on each ilne | | | | | | | | | Interval Between Onset and Death |
| | iMMEDIATE CAUSE (Finel disease or condition | and. | - 5- | | 1 | a ch | | 1000 | + C. 2. | 10 | | onoc and back |
| | resulting in death) | a. end | OR AS A CONSEC | OUENCE (| E: | CST | | near | FI TAIL | | | 6 mm |
| 7 | | | | | | | | | | | | YEARS |
| CERTIFICATION | Sequentially list conditions, if any, leading to immediate | DUE TO | OR AS A CONSEC | DUENCE C | OF): | | | | | | | 1 |
| AT | cause. Enter UNDERLYING | | | | | | | | | | | |
| F | CAUSE (Disease or injury that initiated events | DUE TO | OR AS A CONSEC | DUENCE (| PF): | | | | | | | |
| H | resulting in death) LAST | d | | | | | | | | | | |
| | PART II Only startification | | | fal | | | | | | | Les | 70/42/2011 |
| CAL | PART II. Other significant con | | | eaulting | in the ur | nderlying | j cause i | given in Pa | PERFOR | RMED? | 246. | WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO |
| o o | Minal | Jailu | V & | | | | | | _ 1 _ YES 2 | NO | | OF DEATH? |
| ME | | | | | | | | | _ | | | 1 TES 2 NO |
| ä | | | | | | | | | | | | |
| BY PHYSICIAN: MEDI | 25, WAS CASE REFERRED TO MEDIC EXAMINER? | HOSPITAL: | | | OTHE | | ACE OF D | EATH (Check | k only one) | | | |
| KSI | 1 TES 2 NO | 1 🗆 Inpetient 2 🗆 | ER/Outpatient 3 | □ DOA | | | e 5 □ R | sidence 8 | Other (Specify) | | | |
| PH | 27. MANNER OF DEATH | 28s. DATE OF (Month, De | INJURY sy, Year) | 26b. TII | ME OF | 28c. INJ WO | URY AT | 2 | ed. DESCRIBE HOW I | NJURY O | CCURED | |
| 34 | 1 Natural 8 Pending 2 Accident Investige | ation /VOY | | | М | 1 🗆 ' | | NO | | | | |
| | 3 Suicide 8 Could n | ot be building, | F INJURY — At ho atc. (Specify) | me, ferm, | street, fac | tory, offic | • | 2 | 28f. LOCATION (Street of City or Town, State) | and Numb | er or Rural P | loute Number, |
| E | 4 Homicide datermin | 100 | | | | | | | | | | |
| 7 | 29a. CERTIFIER Check only | PHYSICIAN: To the best of | my knowledge, de | ath occur | red at the t | time, date | and place | , and due to | the cause(s) and ma | nner sa st | tated. | |
| OM O | | AMINER: On the basis of an | camination and/or | Investigat | lon, in my o | opinion, d | eath occu | red at the tir | me, data and place, ar | d due to | the cause(s | i) and manner as stated. |
| TO-BE-COMPLETED | 296. SIGNATURE AND TIPLE OF CE | FIFIER / | 7 | | | | 29p_LIC | ENSE NUMB | ER | 29d. D/ | ATE SIONED | (Month, Day, Year) |
| 7 | CY HAN | my Hal | -,n | 40 | | | Do | 1520 | 25 | NJ | Une | 2,1997 |
| P | 30. NAME AND ADDRESS OF PERSO | ON WHO COMPLETED CAUS | DE OF DEATH (ITE | M 27) (Typ | e, Print) | | | | nd 212 | | | |
| | W.A. P.Ter | 6701 N. | | | | 1 | sall | 6. 1 | nd 215 | 204 | | |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTRA | R'S SIGNATURE | 407 | | | _ | | | | | |
| | JUN 0 3 1997 | 32. REGISTRA | son-hands | 100 | | | | | | | | |
| | | | | | | | | | | | | |

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middia, Last) 2. Dete of Deeth Walter **Physician** /Medical 4e. Facility Neme (If not Institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Baltimore arykan HINEROL Baltimore City if Undar 24 Hrs. If Undar 1 Yaar 7. Aga (In yrs/ lest birthday) 9. Birthplece (State or Foraign Country)
3. UNKNOWN al Sepurity Number **Funeral** Deys Months Hours 1⊠M 2□ F 481-16-4566 Yrs 1913 Director 84 Usuel Rasidence of Decedent 10e. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits The Maryla r than "natural", or items 23a or 25a-f show the Medical Examiner must be notified at upkpgwp No unknown Director unknown unknown 10e. Street end Number 10f. Zlp Code 10g. Citlzen of Whet Country? unknown unknown U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces?unknown 1 □ Yes 2 □ No If Yes, Give Yaar or Detes: Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Bleck, White, etc. 11. Marital Status unknown 72 hours after 1 Naver Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White by 3 Widowed 4 Divorced Completed Decedent's Usuel Occupation (Giva kind of work dona during most of working iifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Heelin and Mental Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown marked other 17. Fathar's Nema (First, Middia, Last) 18. Mother's Neme (First, Middla, Meidan Sumama) Be unknown unknown 2 19e. Informent'a Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) mportant: If item 27 is my injury or other trau unknown 20b. Pleca of Disposition (Neme of cometery, cremetery or other piace) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from Stete 4 □ Donetion 5 □ Othar (Specify) in state 21. Simplified Funeral Service Licensee State Anatom Board State Anatom Board Vade

23a Pert I. Enter tha disease, or complications that caused in death. shock, or heart failure. List only one cause on each line. 22. Name and Addrass of Facility State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 mediath. Do not enter the mode of dylng, such es cardiec or respiratory arrest, Approximate Interval Between Onsat and Deeth Physician Immediata Causa (Final diseese or condition resulting in deeth) /Medical Examine Due to (or es a consequença of): Examiner plic uleus and I-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated avents resulting In deeth) Last physician ar Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequenca of): signed by the aid be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? anemia. Lebatiti's 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown p should b 24b. Were eutopsy findings eveileble prior to Completed 24e. Wes en eutopsy performed? completion of causa of death? s certificate has t director, page 2 s 2 No 1 Yes 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, to 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☑Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Naturel
2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 Suicida 6 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the cause(s) end menner steted. edical 29a, Certifier 29c. Licensa number 29d. Dete signed (Month, Dey, Year) 29b. Signature end title of certifier M.D.

State Registrar

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
SIRA HADIR M.D. 40 MARY/AND GENERAL HOSPITAL. 32. Registrer's Signeture whice Davidson-Randelle

Haque,

31. Date filed (Month, Dey, Year)

JUN 0 3 1997

At the control of the con-

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State of Maryland / Department of Health and Mental Hygiene 97

| | | | | | | Ce | rtificate | of | Death | | F | leg. No. | 2 1 | 1 6 | |
|--|-------------------|---|-------------------------------|--|--------------------------------------|--------------------------------|---------------------------------|--------------|------------------------------|----------------------|--|--------------------|--|--------------------------|---------------------------|
| Dhusia | | 1. Decedent's Name (F | _ | ist) | 1.0 | 1 | HUTC | ٦. | EAN |) | 2. Data of Dea Month | th. Day | Yaar | | ime of Death |
| Physic /Medi | | CLIFFO | RD | FORE | 45 | T | in ic | ⊸ U | CUN | | MAY | 27 | 1997 | 131 | :00 PM |
| Exami | | 4a. Facility Name (If no | t institution, giv | e straat and nu | mber) | | | | 4b. City, To | wn, or Lo | ocation of Death | 4c. Coun | ty of Death | | |
| | | GOOD SAM | ARITAN | HOSP: | ITAL | | | | BALT | | | | /A | | |
| Funerai Director | | 5. Social Security Num 067-05-1 | 355 | Sex I⊠M 2□F | 7. Age (In yrs. I | last birthday) Yrs. | If Under 1 Months | Yaar Days | - | 24 Hrs. Min. | 8. Date of Birti (Month, Day 06-10 | Year) -1913 | 9. Birthp Cour NEW | place (S ntry) YOI | Stata or Foreign RK |
| pu & | | Usual Residence of De | b. County | | 10c City | , Town or Lo | ocation | | | | | | Т. | 10d Inc | ide City I Imite |
| r 28a-f show | 5 | | | | | | | | | | | | | | ide City Limits Yes 2 No |
| he M | ect | | /A | | GLI | EN RI | | | | | | | | | 7100 200.10 |
| th with | Funeral Director | 10e. Street and Number 297 RIDG | | AVE. | | | 10f. Zip 0 | 702 | 28 | | | U.S | | ntry? | |
| ours efter al', or its | by | 11. Marital Status 1 Never Married 3 Widowed 4 | • | 12. Was Dece Armed Fo 1 Yes If Yes, Giv Yaar or D | 212No | | Was Decede If Yes, specif | y Cut | an, Mexicar | i, Puerto | ecify Yas or No- Ricen, etc.) | | ace - Amaric ack, White, ify: WHI | etc. | an, |
| 72 hours "netural". | etec | (Specify | . Dacedant's E | ducation ade completed) | | 16a. Dece | dent's Usuai | Occu | pation | t of work | ina | 16b, Kind of | Business/In | dustry | |
| d within jiene. r than " | Completed | Elementery/Seconda | | College (1 | I-4or 5+) | | kind of work DO NOT use | | ed) | | | ENGI | TEER | | |
| Hygi ther mt, t | | 17. Father's Name (Fire | st. Middle, Last | | | 2770 | TIVE | | 18. Mothe | r's Name | e (First, Middle, | | | | |
| d 2 should be filed with th end Mental Hygiena. 7 Is merked other than traumetic event, Ira | 9 Be | FORBES H | UMCHEC |) NT | | | | | | | VonBe | | , | | |
| 2 should end Me s mark | 2 | 19a, Informant's Name | | | | 19h Maili | no Address / | Stree | | | al Routa Numbe | | n State 7ir | n Code i | |
| C/ 0 m eq | | DAVID HU | , , | |) | | | | | | BALTO. | | | | |
| ss 1 and 2 should be filed fil | | 20a. Method of Disposi | | (DON | 20b. PI | lace of Dispo | sition (Neme | e of | | D• 1 | Date Date | 20c. Location | | | ate |
| age ant o | | 1 ☐ Burial 2 🗷 C 4 ☐ Donation 5 [| | | State | | matory or oth | | 1 | ORY! | 5/29/9 | 7 BAL | ro.,N | 1D. | |
| permit. Pa Departmen Important: any Injury once. | | 21. Signature of Funer | al Service Licer | nsee | 11. | | | W | JE | NKI | NS & S | | | | |
| | | 23a. Part 1. Enter that | car | - war | - 111 | | | | | | BALTO. | | 21212 | | ximate |
| Physician /Medicai Examiner | ner | immediate Cause (Findisease or condition resulting in death) | al | a pri | elimor Due to (or | ALA CONSEC | quence of): | | recu | day | 1 | | | 50 6d | lays avs |
| law requires that the deeth certificate be executed es been signed by the ettending physician and 2 should be detached for usa as the bunal-transit | √Medical Examiner | Sequentially list condit if any, leading to imma ceuse. Entar Underlyi Cause (Disease or inju that initiated events resulting in death) Last | ions, diate ng ry | c | Due to (or | as a consequence | | _ (\alpha | | - Cen | | | | | 1 |
| the ettend | siciar | Part II. Other significar | nt conditiona c | ontributing to de | eath but not resu | ulting in the u | nderlying cer | usa gi | ven in Part I | | 23b. Did t | obacco uae c | ontribute t | o the cr | auae of death? |
| as thet the deeth co igned by the ettend be detached for us | by Physician/ | Aortic | | | P. | | | | | | | res 2□ No | | | 4 Unknow |
| he law requires the hes been signed age 2 should be o | Completed by | | | | | | | | | | 24e. Was a perfor | an autopsy mad? | ev ev | /allable | n of ceuse |
| 9 4 6 | E | | | | | | | | | | 1 🗆 Y | es 25No | 11 | □Yes | 20 No |
| ilcian: The certificate rector, pag | Bec | 25. Wes case referred | to medical | | | | | | 26. Place | of Deet | h (Check only o | ne) | | | |
| Physician: The lithis certificate he ral director, page | ToE | examiner? | | Hospital: | npatient 2 1 | ER/Outpatian | nt 3 DOA | Ot | hor | | ma 5□Resid | | ther (Specia | fv) | |
| rafig Physician: The Contificate the Physician of the Contificate the Physical director, pe | ertification: T | 2 ☐ Accident | Pending Invastigation | 28a. Date ((Mont | | 28b. Time o Injury | | c. Inju | | | 28d. Describe h | | | | |
| (RB | ertific | 3 ☐ Suicide 6 4 ☐ Homicide | Couid not b determined | a 28e. Place building | of Injury - At hong, etc. (Specify | me, farm, str | reet, factory, | office | | | 28f. Location (S City or Tow | | nber or Run | al Route | Number, |
| 127 | edical C | 29a. Certifier 16 (Check only 2 | Certifying Ph Medical Exam | niner: On the ba | best of my know asis of examinati | vledge, deati ion and/or in | h occurred et vestigation, i | the ti | ime, date an oplnion, dea | d place, th occur | and due to the o | ause(s) and r | manner as s | tated. | ouse(s) |
| To the I | M | 29b. Signature and title | of certifier | 110 11101 | rai otatos. | | 29c. | Licen | se number_ | | T | 29d. Date sign | ned (Month, | Dey, Y | ear) |
| + ≯ F ŏ | | DK.Y | amm | ine | M.D |) - | F | 1 | 058 | 35 | Blud, | May | 27 | + | 1997 |
| ' | | 30. Name and eddress KABALA | NE. | completed ceus | e of death (Item | 23a) (Type, | 1501 La | DE | Rav | en | Blud, | Balt | O, MI | 02 | 1239 |
| Sta Registi | | JUN 0 3 1 | 997 997 | Julia 1 | egistrar's Sibrat | | | | | | | | | | |

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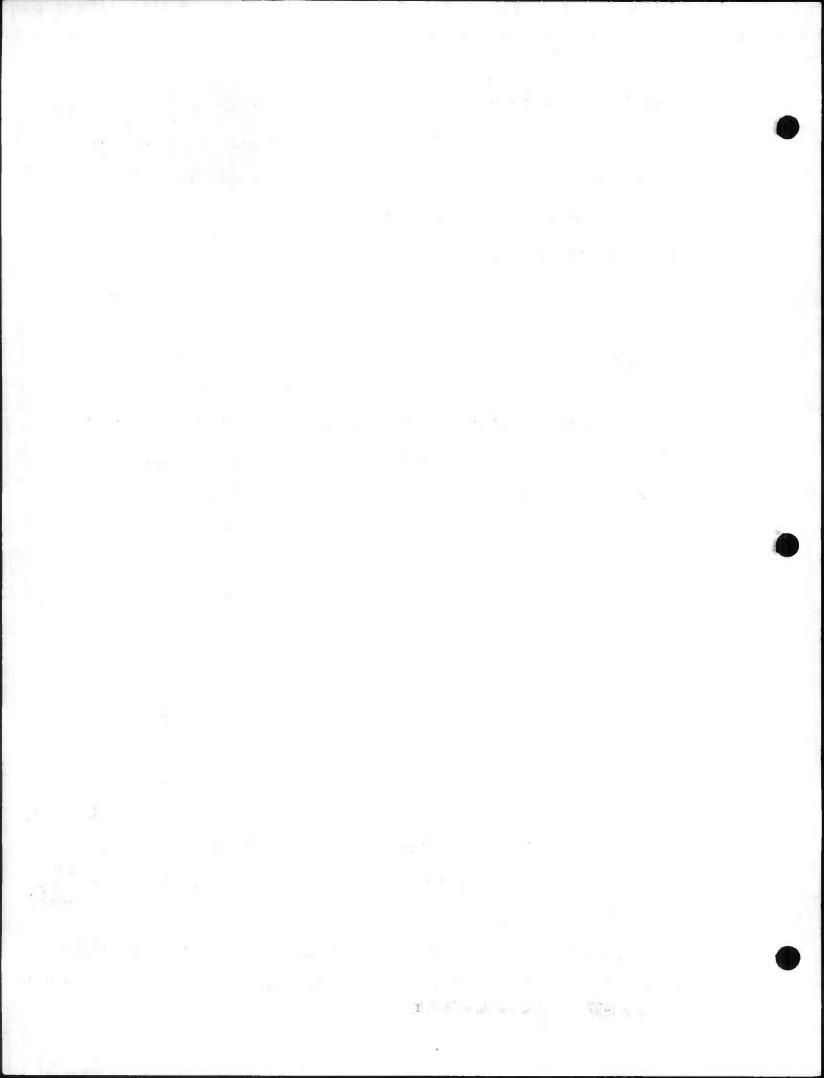
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant'a Name (First, Middle, Last) 2. Data of Death Day 1997 Month **Physician** Dustin Michael Herrell 29, May 12:30 pm /Medical 4a. Facility Name (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Beltway (695) at Route 702 Rosedale Baltimore If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1 X M 2 □ F 219-37-7710 4 Yrs. Director Maryland Feb.9,1993 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner nast be notified at Md. Baltimore 1 Yas 2 No Director Rosedale 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 12 should be filed within 72 hours after death with in and Mental Hygiena. 5414 King Arthur Ct. 21237 USA Funeral 12. Was Decedent Evar In U,S. Armed Forcas? Wes Dacedant of Hispanic Origin? (Specify Yas or No-it Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 ☐ Yas 2 ☑ No If Yes, Give Year or Datas: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White by 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) N/A N/A 0 yrs. 17. Father's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Lewis Delloy Herrell Rachel Lynn Altvater 2 19a. informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) pemit. Pages 1 and 2 Department of Health a Important: If Item 27 Is any Injury or other trax Lewis Herrell father 5414 King Arthur Ct. Baltimore Md. 21237 20b. Place of Disposition (Name of cemetery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1X Burial 2 Cramation 3 Removal from State Gardens Of Faith 6 - 24 ☐ Donation 5 ☐ Other (Specify) Rossville 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility Connelly Funeral Home of Dundalk 7110 Sollers Point Rd. 21222 23a. Part*. Enter the disease, or complications that caused the death to not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Bet Onsel and Death **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in death) Examiner Attanding Physician: The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence ot) Box 68760. Physician/Medicai Due to (or as a consequence of): signed by the atte Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 1 ☐ Yes 2 ☐ No certificata Be 25. Was case reterred to medical 26. Place of Death (Check only one) 1 es 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) KOADWA) 2 After this Certification: 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 1230 PM Naturel 5 Pending Motor vehicle acce MAY 29, 1997 death. 1 Yes 2 No Investigation Accident Director: 3 Suicide 6 Could not be 281. Location (Street and Number or Flural Floute BALTO City or Jown State)

Rte 695 at Rte 702 MD 28e. Place of Injury - At home, farm, straet, tactory, office building, etc. (Specify)

**RDWAY in by 4 Homicide in 24 hou. MD 1 Cartifying Phyelctan: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. Z12.37

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to tha cause(s) and manner stated. 29e. Certifier Medical within 2 29b. Signature and title of certifier 29c. Licensa number 29d. Date signed (Month, Day, Year) novan, ted cause of deeth (Item 23a) (Type, Print)
OVAN, M.B., 2112 DUNDALK AVE. M.D., State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month HOFFMAN JAMES FRANCIS 0120 JUNE 1,1997 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SALISBURY
If Under 24 Hrs.
Hours Min. PENINSULA REGIONAL MEDICAL CENTER WICOMICO If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country)
MARYLAND **Funeral** 1 XM 2□ F Months Deys 73 218-12-6825 Yrs. Director Usual Residence of Decedent filed within 72 hours efter death with the Maryland 10a. State 10b. County 10c. City, Town or Location regard or 28a-f show 10d. inside City Limits MD. BALTIMORE Director DUN DALK 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? POINT 3422 SOLLERS 21222 U.S.A. Funeral Нета Н 12. Was Decedent Ever in U,S. Armed Forces? 1 2 Yes 2 □ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 11. Maritai Status the Medical Examiner 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 No Specify: Completed by WHI Specify: TE 3 ☐ Widowed 4 ☐ Divorced natural 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) CON SUL TANT AMOCO CO. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Montal Pages 1 and 2 should be HOFFMAN C. MARY STEELE Department of Health and M Important: If New 27 is mer any injury or other traumati ance. 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) HOF FMAN-WIFE 3422 Sollers POINT Rd. BALTO MD 21222 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) SACRED HEART OF JESUS 63.97 BACTO. 22. Name and Address of Fecility

CONNECCY

7/10 SollerS 21. Signature of Funeral Service Licensee FUNERAL HOME OF DUNDALK PoinT RD 23a. Part1. Enter the disease or complications that caused the death. Of not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart feilure. Life only one cause on each line. **Physician** Immediate Ceuse (Final disease or condition resulting In death) /Medical Examiner Examiner touance The law requires that the deeth certificate be executed Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (oyas a consequence of): Ivision of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of death? 3 Probably 4 Unknown 1 ☐ Yee 2 ☐ No by Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? 2 No 1 Yes 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medicel examiner? 28. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 20 No Hospital: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes Pis 27 Manner of Death 28b. Time of 28c. Injury et Work? Certification: 28d. Describe how injury occurred 5 Pending Investigation Attending el Naturai 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide Time Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, end due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete and place, and due to the ceuse(s) and menner stated. Medicai 29a. Certifier (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 3074

1403 Quincy St.

Salisbury, md.

Registrar

State

30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

Benjamin

31. Date filed (Month, Dey, Year)
JUN 0 3 1997

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Deeth 3. Time of Death **Physician** Month /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of/Death 4c. County of Deeth **Examiner** Baltimore
If Under 24 Hrs. 8. Date of B universit land Medical N/A 5. Sociel Security Number last birthdey) Birthplece (Stete or Foreign Country) 8. Date of Birth (Month, Dey, Year) **Funeral** 1 M 2 X F Director 261-25-6382 March 10, 1910 Maryland Usuel Residence of Decedent with the Merylend 10a Stete 10b. County 10c. City, Town or Location 10d. fnside City Limits 28a-f show "natural", or items 23a or 28a-f shov edical Examiner must be notified at MD. N/A Baltimore 1 X Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1246 Cleveland Street 21230 U.S.A. by Funeral 12. Wes Decedent Ever In U,S Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Meritel Status d 2 should be filed within 72 hours efter the end Mentel Hygiene.
7 is marked other than "natural", or flei traumatic event, the Heal and Examine. 1 Yes 2 No If Yes, Give Yeer or Detes: 1 □ Never Married 2 □ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: 3 Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4 or 5+) Assembler Gordon Box Co. 3rd 0 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Peges 1 end 2 should be fill ment of Health end Mentel Hant: If Item 27 is marked oth lury or other traumatic even Be George Moyer Margaret Streckfos 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Mary Norton Laster (Daughter) 7838 Acorn Bank Road Pasadena, MD. 21122 20e. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) **Department** important: i any injury o Glen Haven Memorial Park 6/3/97 Glen Burnie, Maryland 21. Signeture of Funeral Service Licenses Scully-Polyniak Funeral Home MD. 21225 23e. Part1. Enter the disease, or complications that cardsed the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical fmmediete Ceuse (Finei · Cardiac arrhythmia-Ventricular Fibiliation diseese or condition resulting in deeth) Examiner Physician/Medical Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest P.O. Box 68760. the Due to (or es e consequence of) 98 Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 No 1 Yes 3 Probably 4 Unknown should be dete of Vital Records. þ 24b. Were eutopsy findings evallable prior to completion of cause of death? Be Completed 24a. Wes en eutopsy performed? page 2 2X) No certificate or Attending Physician: The effer death. 25. Wes case referred to medical 26. Piece of Deeth (Check only one) 1 Yes 2NNo Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth Date of Injury (Month, Day Year) 28c. Injury et Work? Medical Certification: 28b. Time of 28d. Describe how injury occurred Division 1 Neturel 2 Accident 5 Pending investigation 1 🗌 Yes in by the 3 Suicide 6 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 T Homicide Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier 29d. Dete signed (Month, Dey, Year) 29b. Signatu 29c. License number ress of person who completed ceuse of deeth (Item 23e) (Type, Print) 22 3. Greene Street Baltimore, Md. 21201 harles 31. Dete filed (Month, Day, Year) 32. Registrar's Signeture State Registrar JUN 0 3 1997

DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day **Physician** Month Year LETTIE MARIE JONES 1997 8.54 44 MAY 29 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** HOSPITAL UNION MEMORIAL BALTIMORE n/a If Under 1 Year Months Days 5. Social Security Number If Under 24 Hrs. Hours Min. 8. Dete of Birth (Mooth, Day Year) 9 19 N Country ROLINA 7. Age (In yrs. last birthday) **Funeral** 242-24-3683 1 M 2 X 78 Director Usual Residence of Decedent death with the Maryland 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 10d. inside City Limits MD ₩Wes 2 No Director n/a BALTIMORE 10e. Street and Number 10g. Citizen of Whet Country? 10f. Zip Code 507 CALHOUN 21223 STREET UNITED STATES Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiena.
Important: If item 27 is marked other than "natural", or han any injury or other trainment. Black, White, etc. 1 Never Merried 3 Married 1 Yesy ? No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 1 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: BLACK Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 12 th DOMESTIC VARIOUS PLACES 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) DAVIS JAMES NICHOLS OLEATER 19a. informant's Name/Retationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JIRDEN JONES-HUSBAND 507 CALHOUN S TREET, BALTO., MD 21223 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Duriai 2 Cremation 3 Removal from State 4 Donation 5 □ Other (Specify) CEMETERY 5 - 31 - 97LANSDOWNE, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility WM. C. MARCHF H.-4300 WABASH A VE. 23a. Ont. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Final Sepsis diseese or condition resulting in death) **Examiner** Due to (or as a consequence of): Examiner Gastio intestinal Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of): Box 68760 physician Pulmonaly embolisin Physician/Medical 2 Due to (or as a consequence of): attending P.0 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings aveilable prior to completion of cause of death? Be Completed 24a. Was an autopsy performed? 1 Yes 212 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical exeminer? 26. Place of Death (Check only one) Hospital: 1 Sunpatient 2 □ ER/Outpetient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 27. Manner of Death 28c. Injury at Work? 28a. Date of Injury (Month, Dey Year) 28d. Describe how Injury occurred 28b. Time of 5 Pending investigation 1 SNatural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homleide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the cause(s) and manner as stated.
2 Madical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) AT2439843 MA1 29, 1997

State Registrar

JUN 0 3 1997

Lydio R. Best

31. Dete filed (Month, Day, Year)

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

Union

Memorial Hospital, Baltimone, MS 32. Registrar's Signature Suka Davidson-Randell

DHMH 16 Rev 6/95

To the Hospital of within 24 hours at To the Funerel D

State Registrar

30. Name and address of person who completed cause Deeth (Item 23e) (Type, Print) TENDORE Sa Bufferon Pording 31. Date filed (Month, Day, Year)
JUN 0 3 1997

29b. Signature and title of certifier

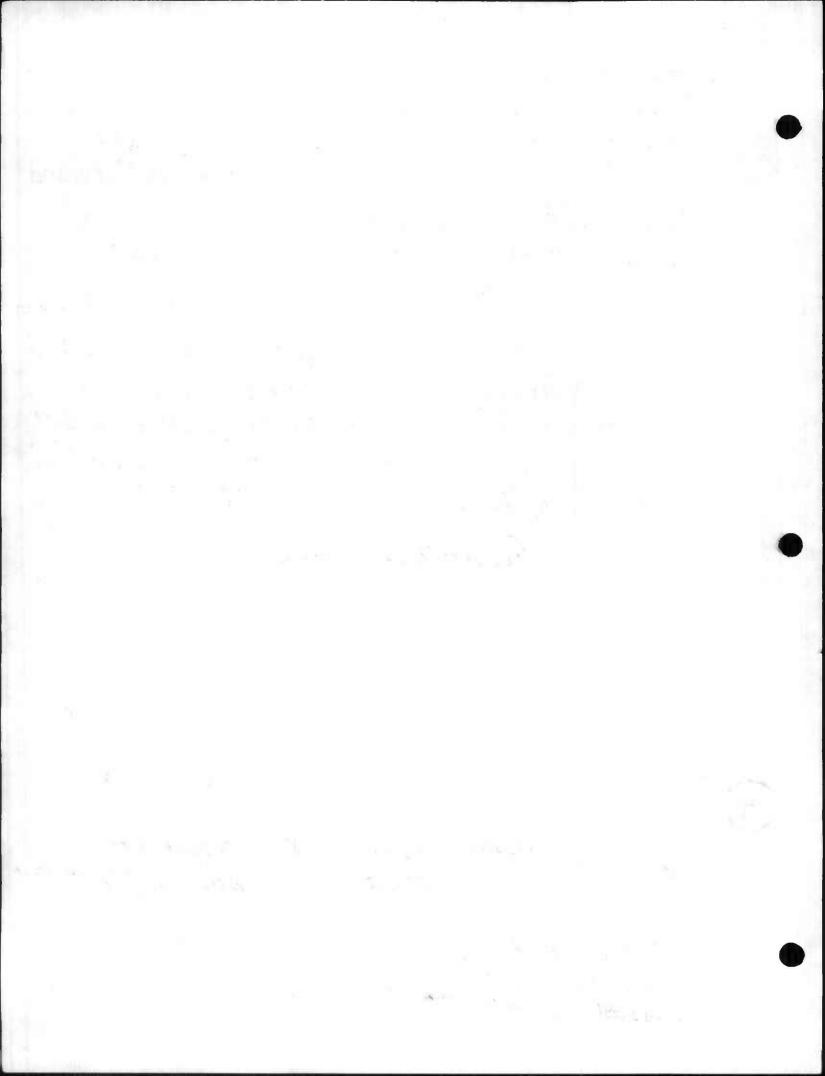
Penn Street, Baltimore, Maryland 21201

29d. Date signed (Month, Day, Year)

MAY 27, 1997

29c. License number

OCME



97-2901-510 B.K.S DONNA JAMES

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Dey 1997 MAY 27, 0742AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner 2528 SALERNO PLACE BALTIMORE 5 Social Security Number if Under 1 Year If Under 24 Hrs. 6 Sev 7. Age (In yrs. lest birthday) 9. Birthplece (Stete or Foreign **Funeral** 1□M 28 F Deys 220-92-4028 Yrs. Director South CAROLINA Usuel Residence of Decedent the Maryland 10a Stete 10b. Count 10c. City, Town or Location 10d. inside City Limits 28a-f show Nems 23s or 28s-f show by Funeral Director Yes 2 No ATTIMBE 10e. St 10f. Zip Code, 10g. Citizen of Whet Country? 2/230 permit. Pages 1 and 2 should be filed within 72 hours effer deat Department of Health and Mental Hygiene. Important: if fem 27 is marked other than any Injury or other traumers. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 No 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Merried 2 Married 1□ Yes 2 No If Yes, Give Yeer or Detes: Specify 3 ☐ Widowed 4 ☐ Divorced Specify: e Completed Decedent's Usual Occupation (Give kind of work done during most of working life: DO NOT/use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) UNEmployed 17. Father's Neme (First, Middle, Last) Be AMES Kaymond 19a. Informent's/Neme/Reletionship (Type, Print) KRISTINE 24/16 20b. Place of Disposition (Neme carrietery, cremetory or other 20e. Method of Disposition

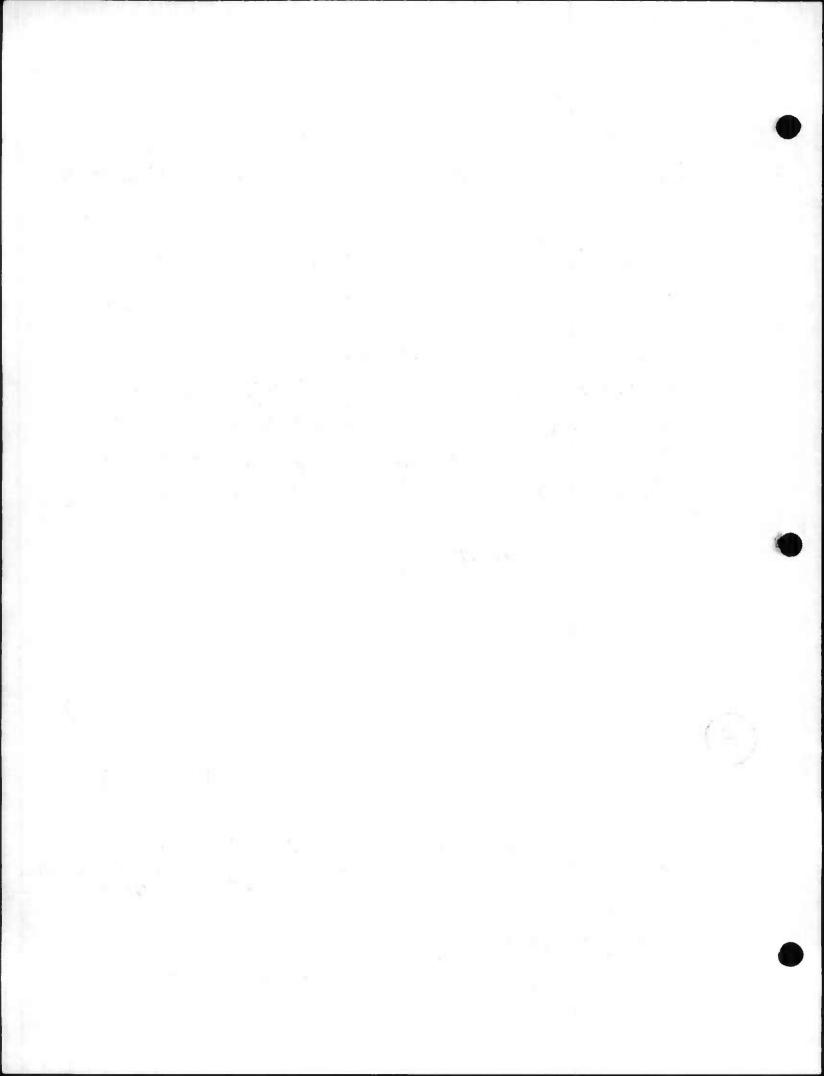
1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State City or Town, Stete tion 5 Other (Specify) 21. Signing e of Funeral Service Licen Enter the disease, of complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, or heart feilure. List only one ceuse on each line. Approximete intervei Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in death) Examiner o (or es e conjuguence of): in a death certificete be executed Sequentielly list conditions, if eny, leeding to Immediete cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in death) Lest the buriel-tran Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as e consequence of) Pert ii. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? certificate ha Attending Physician: 25. Wes cese referred to medicel exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 1XXes 2□ No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this filled in by the funeral Medical Certification: 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred Dete of Injury (Month, Dev 28c. Injury et Work? After 5 Pending investigation 1 Naturel Fund 5/27/57 07-476 the 12 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 1 Yes s efter death 2 Accident 3 Sulcide 6 Could not be determined Location Street and Number or Aurel Route Number. City or Town, Stete) 252 \$ 5 frue / Lece 4 Homicide 6 To the Hospital of within 24 hours en To the Funeral Di dwellin 29a. Certifier 1 Certifying Phyelcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2X Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E MAY 27, 1997 th (Nem 23e) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 30. Name and eddress of person who completed cause of THEODORE 31. Dete filed (Month, Dey, Year) Registrer's Signature State

Registrar

3 1997

in Varidson-Randelle



1 Cartifying Phyaician: To tha bast of my knowledge, death occurred at the time, dete and place, end due to the ceuse(s) end mannar es steted. 2 Medical Examinar: On the besis of axamination and/or investigetion, in my opinion, death occurred at the time, dete and place, end due to the cause(s) end manner stated.

29c. License number

O.C.M.E.

111 Penn Street, Baltimore, Maryland 21201

29d. Date signed (Month, Dey, Yeer)

MAY 3, 1997

a Funeral Di letely filled in within 2

> State Registrar

Medical

31. Dete filed (Month, Day, Yaar) JUN 03 1997

29b. Signatura and titla of cartifier

Medore

THEODORE M. KING M.D.

29a. Cartifier

(Check only one)



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30. Name and eddress of person who completed causes deeth (Itam 23a) (Typa, Print)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth Month William CONES May sichard 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death HOPKINS BALTIMORE If Under 24 Hrs. 8. Date of Birth Month, Dey, Year)

Whours Min. (Month, Dey, Year) BAYVIEW 5. Sociel Security Number If Under 1 Year Months Days 9. Birthplace (Stete or Foreign Country) MARY LAND 7. Age (In yrs. last birthday) 6. Sex 218-46-6333 12 M 2 F Yrs. Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits mn 1 Yes 2 No BACTIMORE EDGEMERC 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4. S. A LODGE FORREST 2207 14. Race - American Indien, Bleck, White, etc. 11. Marital Stetus Was Decedent of Hispenic Origin? (Specity Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Married 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Yes 2 No Specify. Specify: WHITE 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) GUARD 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surneme, CHARLES EDWARD DOROTHY 19a. Informant's Neme/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 2 12 19 RABUCK-MOTHER 2207 LODGE FOERCST Drive EDGEMERC 20e. Method of Disposition 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State LAWN 4 ☐ Donation 5 ☐ Other (Specify) Connelly Funeral Home of Dungal R 7110 Solvers Point RD. BALTO. MD ZI 21. Signature of Funerel Service Licansee 22. Name and Address of Facility 23e. Part 1. Enter the disease or complications that caused the deet not enter the mode of dylng, such as cardiac or respiretory arrest, shock, or heart feiture. List only one cause on each line. Approximete Interval Between Onset end Deeth Immediate Ceuse (Finel disease or condition resulting in death) Neumonia 1 week Due to (or es e consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or as e consequenca of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? Bed Disorder Menh-ofic Syndrome 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical exeminer? 26. Place of Deeth (Check only one) Hospital: 1 | Inpatient 2 | ER/Outpatient 3 | DOA | Other: 4 | Mursing Home 5 | Residence 6 | Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred 28c. Injury at Work? 1 Matural 5 Pending 1 TYes 2 No investigation 2 Accident 6 ☐ Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the bests of exeminetion end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) end manner steted.

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29c. License number

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Physician /Medical Examiner sician and burial-trans physician s the burial Box 68760

Physician

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permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Haath and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Modical Examinating mann by notified at

Physician/Medical d for usa as t by Completed Be

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Records. P.O.

of Vital

Registrar

Certification:

Medical

29a. Certifier (Check only one)

29b. Signature and little of confiller

31. Dete filed (Month, Day, Year) JUN 0 3 1997

30. Neme and address of person who completed cause of death (Item 23e) (Type, Print) 5505 Hopkins Barriew Circle
31. Dete filed (Month, Dey, Year)

IIIN 0 3 1997

29d. Date signed (Month, Day, Year)

DONALD W. SCOTT

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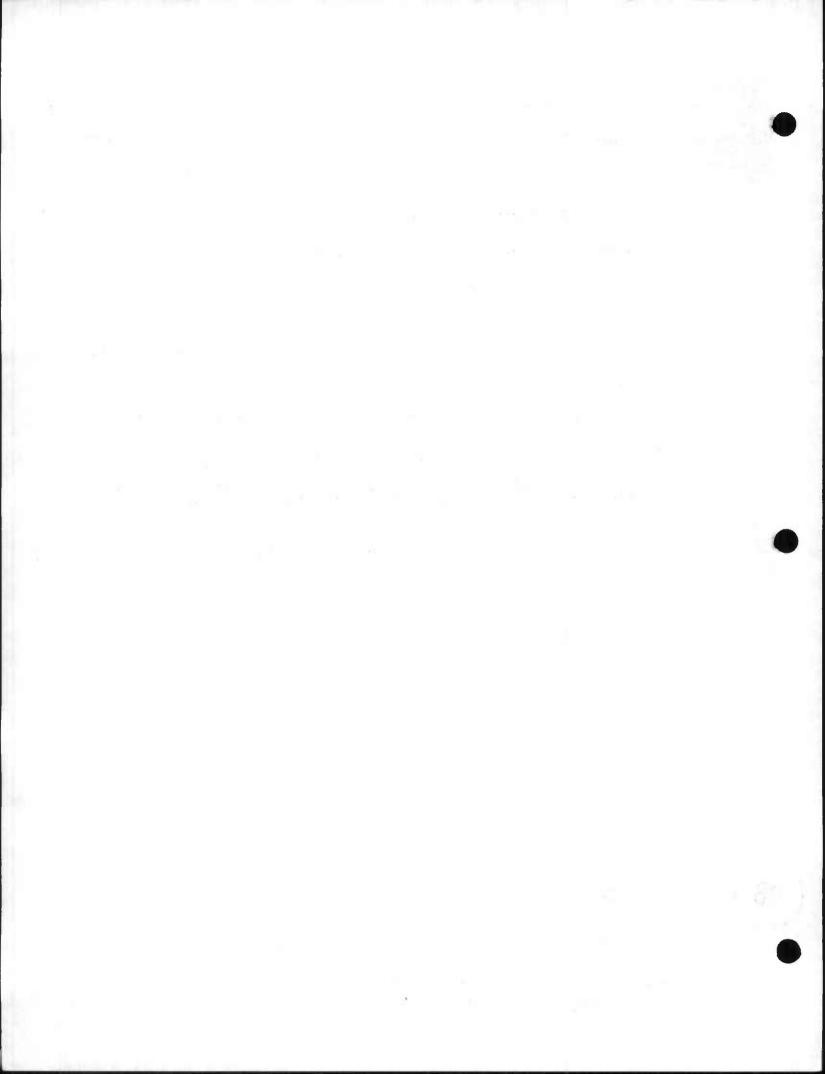
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State of Maryland / Department of Health and Mental Hygiene

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| To B | John Louis Kauf | man | | | Moll: | ie E. Sch | affer | | |
| E E | 19a. Informant's Name/Ralationship (7 | | 19b. Mailin | ng Address (Strai | | r Rural Routa Numb | | Stata. Zip | Code) |
| treu | Jean K. Keener - | | | - | | Arbutus, | | | , |
| g. | 20a. Method of Disposition | 9 | b. Placa of Dispos | sition (Nama of | | Data | 20c Location | | own Stata |
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| Director | | MD . 10e. Street and Numi | BALTII ber | MORE | | CATONS | 10f. Zip Coda | | | | 10g. Citizan of | What Cour | |
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| | | 19a. Informant's Nan | | | | | Address (Street | | | | | n, Stata, Zip | Coda) |
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|------------------------------|-----------------|--------------------------------------|---------------------------|------------------|
| | State of | Maryland / Department of Health ar | nd Mental Hygiene 97 | 16770 |
| | | Certificate of Death | Reg. No. | 10770 |
| 1. Decedent's Name (First, M | fiddle, Last) | | 2. Date of Deeth | 3. Tima of Deeth |
| Herbert | Leigh | Kinsolving | Month Dey Yaar | 3.25 AM |

4b. City, Town, or Location of Death

Physician /Medical Examiner

4a. Fecility Neme (If not institution, give street and number)

_cFunera Directo

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

Physiciar /Medica **Examine**

ding Physician: The law requires that the death certificate be executed or After this certificate has been signed by the attending physician and the funeral director, page 2 should be detached for use as the buriel-trensit islon of Vital Records, P.O. Box 68760,

| Ginger Coves | street and number) | | | 4b. City, To | own, or Location of De | ath 4c. County | of Death |
|--|---|-----------------------------------|---|--|--|--|---|
| OTHER COVES | Nursing Hom | е | | Anna | polis | Anne | Arundel |
| Social Security Number 6. Sa | | lest birthday) | If Under 1 Yas | | 24 Hrs. 8. Date of I | Birth | 9. Birthplece (State or Foreign |
| 214-38-9647 | ^{2M 2□ F} 90 | Yrs. | WOTHIS DO | S Hours | May | 5, 1907 | Maryland |
| Usuel Residence of Decedent | | | | | | | |
| 10e. Steta 10b. County Maryland Anne | | nnapo | | | | | 10d. Inside City Limits 1 ☐ Yes 2/10/No |
| 10e. Street and Number | III allact | mape | 10f. Zip Code |) | | 10g. Citizen of V | What Country? |
| 5105 River Cr | rescent Driv | <i>т</i> е | , | 401-7 | 273 | USA | viol Country; |
| 11. Maritel Stetus 1 □ Nevar Married 2 □ Marriad | 12. Wes Decedant Ever in U.S Armed Forces? | S. 13. W | /as Decedent o Yas, specify Co | f Hispanic Ori Jban, Mexical | igin? (Specify Yas or I n, Puerto Rican, etc.) | No- 14. Rac Bled | a - Amarican Indien, ck, White, etc. |
| 3∰Widowed 4 □ Divorced | 1 Yes 25No If Yes, Give Year or Detes: | 1 | □ Yes **EXN | o Specify: | | Specify | White |
| 15. Decedent's Edu (Specify only highest gred Eiamantary/Secondary (0-12) | cation le completed) Collaga (1-4or 5+) | (Giva k lifa. D | ent's Usual Occ ind of work dor O NOT use reti | e during mos red) | | 16b. Kind of Bu | usiness/Industry |
| 17. Fether's Nama (First, Middle, Last) | <u> </u> | 11000 | Clube | 1 | er's Name (First, Midd | | |
| | insolving | | | _ | | ruce | |
| 19e. Informent's Neme/Reletionship (Ty | rpe, Print) | 19b, Mailing | Address (Stra | at and Numb | er or Rural Route Num | ber, City or Town, | State, Zip Code) |
| Mrs. Lucinda K. | Leigh- sis. | 30 | קיי 23 | ST. | , NW, Wa | shingto | n, DC 20007 |
| 20e. Method of Disposition | 20b. Pl | ece of Dispos | ition (Nema of | | Date | | City or Town, Stete |
| 1 ☐ Burial ② Cramation 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify) | | | etory or other p | | ory 6-3- | | timore, MD |
| | - | | | | | o Dai | cimore, no |
| 21. Signature of Funaral Service Licens | 7 Val | | Name and Add | | nkins & : | Sons | |
| (// amos k | leur | | | | d., BAlt | | MD 21212 |
| 234 Part I Inter the disaasa, or compli shook or heart feilura. List only or | ications that caused the death. | . Do not ente | r the mode of d | ying, such as | cardiec or respiretory | arrast, | Approximete |
| Jan Jan Island List Gilly Gr | 0 / / | | 1 | | | | Intarvel Batwaen Onset and Deeth |
| Immediate Cause (Final | 11/2ha, | ma | 1.1)< | 1-8- | | | 2000 |
| disease or condition rasulting in daath) | 141 FISE1 | MIN | / 4/ 3 | urv. | | · | 27/13 |
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| Sequentially list conditions. | Due to (or | es e consequ | ence of): | | | | |
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| if any, leeding to Immediate cause. Enter Undarlying Ceuse (Disaese or injury | | | | | | | |
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State Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item19b 6-6-97 FilmG748 W.H.per F/H Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Dev Lev esdemona 2:20 AM May 30 1997 /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** of Maryland Baltimore Hospital University Baltimore City, 7. Age (In yrs. lest birthday) If Under 1 Year if Under 24 Hrs. 8. Dete of Birth Months Devs Hours Min. (Month, Day, 5. Sociel Security Number 6. Sex 9. Birthplece (State or Foreign **Funeral** 1 M 2 XFX 220-12-7966 BALTO. MD Director 1901 96 Usual Residence of Decedent the Maryland 10e. Slete 10b. County 10c. City, Town or Location filed within 72 hours after death with the Maryla. Hygiens, than "naturelf, or items 23a or 28a-1 show both than Walles Examiner must be notified a 10d. Inside City Limits Wow 2 □ No Director MD BALTIMORE n/a 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21230 STATES UNITED 2520 FERRY ROAD HOLLINS Funeral 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Status 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indien, Bleck, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: 1 Never Merried & Married Baltimore, Maryland 21215-0020 1 Yes 2 No þ Specify: 3 Widowed 4 Divorcad BLACK Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grede complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) DOMESTIC private duty 8 th 7 is marked other traumatic event, 1 17. Fether's Neme (First, Middle, Last) . Pages 1 and 2 should be file ment of Health and Mental Hy lant: If item 27 is marked oth jury or other traumatic event 18. Mother's Name (First, Middle, Meiden Sumeme) Be unk. MARGARET GROSS P Randallstown, MD. 21133 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Street end Number or Rurel Route Number, ... 8602 A CHURCH LANE, SILVER SPRINGS, MD YASMIN HARRIS-GRANDDAUG. 20e. Mathod of Disposition 20b. Pleca of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, State Dele 1 Depurie 2 Cremetion 3 Removal from State permit. Page Department of Important: If any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) 6-4-97 DRUID RIDGE CEM. BALTIMORECO., MD 21. Signature of Funerel Service Licenses 22. Name end Address of Fecility WM. C. MARCH FH.-4300 WABASH AVENUE 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or hear fellure. List only one cause on each line. Approximete Interval Between Onset end Deeth Physician /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) Pheumonia 10 days Examiner Due to (or es e consequença of): Examiner Physician: The law requires that the death certificate be axecuted bunal-tran Sequentielly list conditions, if eny, leeding to immediate causa. Enter Underlying Ceuse (Disease or Injury that initiated evants resulting in death) Lest pue Due to (or es e consequence of): of Vital Records, P.O. Box 68760, physician Physician/Medical the Due to (or es e consequence of): been signed by the a should be datached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by Completed 24b. Were eutopsy findings evailable prior to completion of cause of deeth? 24e. Wes en autopsy performed? this certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No director, 25. Wes case referred to medical Be 28. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 Yes 28 No 1 MInpatient 2 ☐ ER/Outpetlent 3 ☐ DOA ra 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 5 Panding Investigetion 1 Netural 1 Yas 2 No 2 Accident 6 Could not be detarmined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Spacify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, daath occurred et the time, data and place, and due to the ceusa(s) and mannar as statad.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, daath occurred et the time, data end place, and due to the cause(s) end menner steted. 29a, Cartiflar Medical To the H within 24 To the Fu 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

State Registrar

JUN 0 3 1997

D. Clements

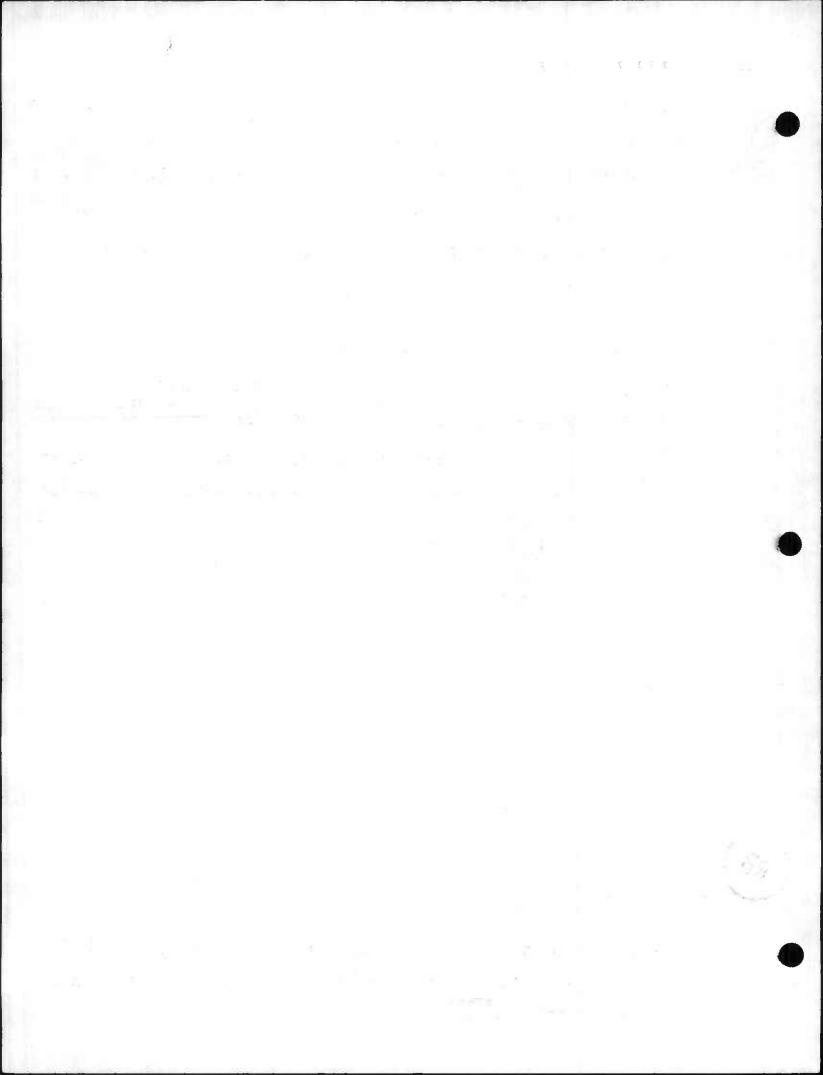
31. Dete filed (Month, Day, Year)

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

2 South Green julia Savidson-Rondelle

Street, Baltimore, MARYLAND,

DHMH 16 Rev 6/95



| | | 4 Dansdards Name (First 44 | *** # * = * | | | C | ertific | ate of | Death | | Reg. No | . 3 | 1 | 6/72 |
|--|----------------|--|--------------------------|------------------------------|--|----------------------------|--|----------------------------------|--------------------------------------|--|----------------------------|--|--------------------------------|--|
| Physicia /Medic | _ | | NADIN | E LYO | | | | | | 2. Date of I Month MAY | 31 | | 7eer 997 | 3. Time of Death 5:25 PM |
| Examin | er | 4a. Facility Name (If not institu | ution, give : | street end nu | ım <i>ber)</i> | | | 4 | tb. City, Town, o | or Location of De | eth 4c. | . County of | Death | |
| | | FRANKLIN W | DODS 1 | NURSIN | IG HOME | | | | Essex | 3 | | Balti | imore | |
| unerai irector | | 5. Social Security Number 212–10–5484 | | x]M 2 X)F | 7. Age (In yr 88 | s. lest birthd Yrs | Mont | hs Days | If Under 24 H Hours M | | Dey, Year) | 9 | 9. Birthpla Country MARY | ce (State or Foreig y) LAND |
| "natural", or items 23a or 28a-f show edical Examiner must be notified at | | Usual Residence of Decedent 10e. Stete 10b. Cou | | | 10c. (| City, Town o | r Location | | | | | | 100 | d. Inside City Limit |
| | 0 | 20.00 | OMIT | DΨ | | | RRY H | ATT | | | | | 100 | 1 ☐ Yes 2 🕅 N |
| | Director | 10e. Street end Number | 14 41 101 | | | | | Zip Code | | | 10g. Cit | izen of Wh | at Countr | v? |
| | | 10 DUNNETT CO | יייםו זר | | | | | 2123 | 26 | | l og. o. | USA | | , . |
| or items 2 | y Funeral | 11. Marital Status 1 Never Merried 2 N | Married | Armed For 1 ☐ Yes If Yes, Gi | 2€ No | U,S. | | | | (Specify Yes or I erto Rican, etc.) | No- | 14. Race - | Americar White, et | |
| ural. | d by | 3KWidowed 4 □ Divor | | Year or E | Dates: | | | | | | | | | ITE |
| than than | Completed | 15. Decedent's Education (Specify only highest grade com Elementary/Secondery (0-12) 8th GRADE | | | on perpleted) College (1-4or 5+) | | ive kind of | T use retired | e during most of working | | | 16b. Kind of Business/Ind | | |
| S E | Bec | 17. Fether's Neme (First, Midd | fle, Last) | | | | JOINDI | 11/1 | 18. Mother's N | lame (First, Midd | | | | |
| 9 6 | To B | EDWARD JOSEI | PH MOI | NAGHAN | , JR. | | | | KATHE | RINE BA | UER | | | |
| 2 6 5 | | 19e. informant's Name/Relati | | rpe, Print) | | | | | | Rural Route Num | | | | Code) |
| NE | | MARY M. MONAC | SHAN | | NIECE | | | ETT CC | OURT BA | LTIMORE | _ | 2123 | | |
| Important: If Item any Injury or othe once. | | 20a. Method of Disposition 1 X Burial 2 ☐ Cremeti 4 ☐ Donation 5 ☐ Othe | | lemoval from | State | | cremetory | or other pled | | Date | | ocation - Ci | | 111111111111111111111111111111111111111 |
| in is | | 21. Signature of Fugeral Serv | | 00 / | N. | EW CAJ | | AL CEM end Addres | ss of Fecility | 6/3/97 | BAL | TIMOR | Œ, M | D |
| any l | | 1// | 1 | /_ | | | JOH | NSON F | UNERAL | HOME 8 | 521 L | OCH R | RAVEN | BLVD. |
| | | 23a Fart. Eater the disease shock or heart failure. | orcompli | ications that o | caused the de | ath. Do not | TOW: | SON, M | D 2128 g, such es card | 6 iac or respiratory | arrest, | | 1 / | Approximete |
| vsician ledical aminer | | Immediate Cause (Final disease or condition resulting in death) | a a | Con | yestim | L Hea | + 1 | Tailu | re | | | | Y | ntervel Between Onset and Deeth |
| physician and the burial-transit | Examiner | Sequentially list conditions, if any, leading to immediate | f * | At A | Due to | levet (or es a con | sequence | andio | vascul | ar Dis | euse | | Υ. | ears |
| D) (6 | /Medical | cause. Enter Underlying Cause (Disease or injury thet Initiated events resulting In death) Last | | i | | Teno (or as a con | | of): | | | | | Y | eans |
| attending for use a | clan | B | *** | | | | | | | | | | | |
| | by Physician/M | Part II. Other significant cond | itions con | tributing to d | leath but not re | sulting in th | e underlylr | ig cause give | en in Part I. | | | 1 | | he cause of death |
| | Completed b | | | | | _ | | | | | as en auto rformed? | psy | avail | e autopsy findings able prior to pletion of cause eath? |
| 21 | EO | | | | | | | | | 10 | Yes } | ON. | 10 | Yes 2 No |
| | Bec | 25. Was case referred to med | lical | | | | | | 26. Place of D | eath (Check only | y one) | | | |
| his o | 2 | examiner? 1 Yes 2 No Hospital: 1 Inpatient 2 27. Mapner of Death Natural 5 Pending (Month, Day Year) 2 Accident Investigation | | | | 28b. Tim | Property of the control of the con | | | | | | | |
| Direct in by | Certification: | | uld not be ermined | 28e. Place build | a of Injury - At ling, etc. (Spec | home, farm, | street, fac | tory, offica | | | (Street er fown, State | et end Number or Rural Route Number, State) | | |
| | edical (| 29a. Certifier (Check only one) Carti | lying Phya cal Examin | ner: On the b | best of my kr easis of examir oner stated. | owledge, de ation and/o | eath occur r Investige | red at the tim tion, in my of | ne, date and ple pinlon, death oc | ce, and due to the | ne cause(s) e, date and | and manr d placa, an | ner as stat d due to t | ted. he cause(s) |
| ro th | Me | 29b. Signeture and little of cer | tifier (| 1 | | | | 29c. License | e number | | 29d. Da | te signed (| Month, De | ey, Year) |
| | | 4. | ~ / | | | | | 000 | | | | 0 (| 3 | |
| | | Mulm | /X | A/Y | 2 | | | 033 | 947 | | 6- | 2-9 | 1) | |
| 10 | | 30. Neme and address of pers | son who by | pipleted caus | Se of death (its | em 23a) (Ty | ge, Print) | Nes Nes | 943 - Ba | Ihm | 6- | 2-9 7d | 212 | 237 |

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Death 3. Time of Death Month Dey **Physician** LEAGUE 2:58 PM JAMES 29 /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner HOSPITAL HARDOR CENTER BALLIHONE N/Atf Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Dey, Yeer) January 6, 1924 6. Sex 1 ☐ M 2 ☐ F If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Birthplaca (Stete or Foreign Country) Months Devs 215-18-9375 Director MD Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mentel Hygiene. Important: If item 27 Is merked other than "natural", or items 23a or 28a-4 show any injury or other traumatic avent, in a Medical Example must be notified an once. 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1√ Yes 2 No Director Baltimore N/A 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1326 Washington Boulevard 21230 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ∑ No If Yes, Give Year or Detes: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2X No by Specify: 3 Widowed 4 Divorced white Completed 16a. Decedent's Usuet Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Steel Worker Koppers Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Arthur A. League Margaret M. Clem 19e. tnforment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Calvin E. League - son 1246 James Street, Baltimore, MD 21230 Baltimore, 20b. Plece of Disposition (Neme of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriai 2 Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Chesapeake Crematory, Inc6/2/97 Beltsville, MD 21. Signature of Funerei Service License 22. Name end Address of Facility Gary L. Kaufman Funeral Homes 7250 Washington Blvd., Baltimore, MD 21227 neere 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiretory arrest, shock, or heert failure. List only one ceuse on each line. **Physician** /Medicai immediate Cause (Finat disease or condition resulting in deeth) Hepatic Encephalopathy WEEK Examiner Examiner Circhosis inding Physician: The law requires that the death certificete be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In death) Lest P.O. Box 68760, ettending physicien for use as the buria Physician/Medical Due to (or es e consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by t should be detect 1 | Yes 2 No 3 Probably 4 Unknown DEHYDUTION SEPSIS, Records, by 24b. Were eutopsy findings eveitable prior to completion of cause of deeth? Completed 24e. Was en eutopsy performed? 1 Yes 2 No this certificate 1 Yes Division of Vital Be 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funerel Medical Certification: 27. Menner of Deeth 28e. Dete of tnjury (Month, Dey Yeer) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending investigetion Natural 1 ☐ Yes 2 ☐ No 2 Accident filled ip by the 3 Suicide 6 Could not be determined Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Or J 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

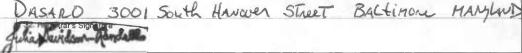
| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a, Certifier (Check only one) 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) AS 2441614-50 30. Name end eddress of person who comp eted cause of death (Item 23e) (Type, Print)

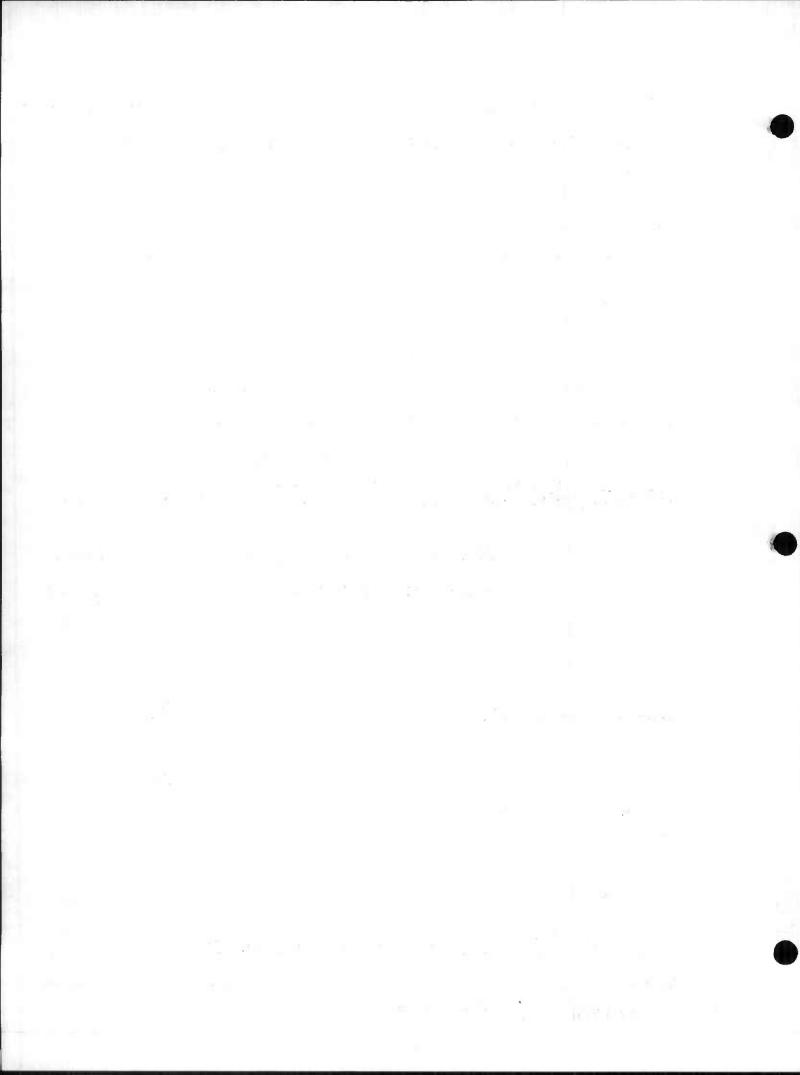
State Registrar 31. Date filed (Month, Day, Year)

JUN 0 3 1997

ANTHONY

PeTer





State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Dete of Daath 3. Time of Death Month MAL LAFON 1997 4a. Facility Nema (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Stella Maris @ Mercy Hospital Baltimore N/A Hours Min. 8. Data of Birth (Month, Dey, Yae May 29, 1 if Undar 1 Yeer 7. Aga (In yrs. last birthday) Birthpleca (Steta or Foraign Country) Days 10 M 20 F Yrs Virginia 60 10b. County 10c. City, Town or Location 10d. insida City Limits Howard Elkridge 1 ☐ Yes 2 No 10f. Zip Coda 10g. Citizan of What Country? 6636 Washington Blvd., Lot #27 21227 USA 12. Was Decadant Ever in U.S. Armed Forces? 1 ☐ Yes ≥ 2 No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 Naver Married 2 Married 1 ☐ Yas 2 ☑ No Specify: 3 Widowad 4 □ Divorced Specify. white 15. Decedant's Education 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use ratirad) 16b. Kind of Businass/Industry (Spacify only highast grade complated) Elamantery/Secondary (0-12) Collega (1-4or 5+) Manager Service Station 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumema) (Unobtainable) Jarvis (Unobtainable) Agnes 19a. informent's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) 6385 Forest Avenue, Elkridge, Md. Alfred G. Lafon - son 20b. Place of Disposition (Nema of cematary, cramatory or other placa) 20c. Location - City or Town, Stata Data Burial 2 Crametion 3 Removel from Stata 4 Donetion 5 Other (Specify) 5/27/97 Elkridge, Md. Meadowridge Memorial Pk. 21. Signatura of Funeral Service Licen-22. Nama end Addrass of Facility Gary L. Kaufman Funeral Home at Meadowridge 7250 Washington Blvd., Elkridge, Md. 23a. Part1. Entar the disease, or complications that ceused the death. Do not entar the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete intarval Betw Cances Metas fatic UNKNOWN Lung Due to (or as a consequence of): Due to (or as a consequence of) Dua to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1) Yas 2 No 3 Probably 4 Unknown

Physician /Medical **Examiner**

ician end buriel-transit

physician s the buriel

esn

should be det

page 2

director

certificate

this funeral

After

deeth.

that the death certificate be executed

Box 68760.

P.O.

Records,

of Vital

Division

Examiner

Depertment of Important: If any Injury or once.

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

filed within 7 Hygiene.

Pages 1 and 2 should be filed went of Health and Mental Hygien It: If Item 27 is marked other thy yor other traumatic event.

the

Baltimore, Maryland 21215-0020

Director

Funeral

by

Completed

Be

ROSELYN

5. Social Security Number

10e. Street and Number

11

20a. Method of Disposition

10e. State

224-44-5942 Usual Residence of Dacedent

Sequantially list conditions, if any, laading to immadiata causa. Enter Undarlying Causa (Disease or injury that initiated avants resulting in daath) Last

Immadlata Ceuse (Final

diseesa or condition rasulting in daath)

Physician/Medicai by Completed Be Certification: To

24e. Wes an autopsy performed? 1 Yas MINO

24b. Wara autopsy findings available prior to complation of cause of death? 1 ☐ Yas 2 ☐ No

25. Was cesa referred to medicel axaminer? 1 Yes ZNNo

26. Place of Daath (Check only ona) STELLA MARIS AT MERCY Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) HOSPICE 28b. Time of

27. Mannar of Deeth Netural 2 Accidant 3 Sulcida

4 Homicide

28a. Data of injury (Month, Day Year) 5 Pending invastigation 6 Could not be detarmined

28c. Injury at Work? 1 ☐ Yes 2 ☐ No 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify)

28d. Dascribe how Injury occurred

100

21206

29a. Certifian (Check only one) Madical Examiner: On the bast of my knowledge, deeth occurred at tha time, dete end place, and due to the ceuse(s) end mennar as stated.

| Madical Examiner: On the bast of examination and/or investigation, in my opinion, daath occurred at the tima, data and place, end dua to the ceuse(s) and mannar stated.

29b. Signatura and title of certifian

29c. Licanse number

29d. Dete signed (Month, Day, Year)

28f. Location (Street end Number or Rural Route Number, City or Town, Steta)

20 Menter

30. Nama and addrass of person who complated cause of daath (Itam 23a) (Type, Print)

040480

BEZARA

5810

1997 Marc

FERNANDO 31. Date filed (Month, Day, Yaer)

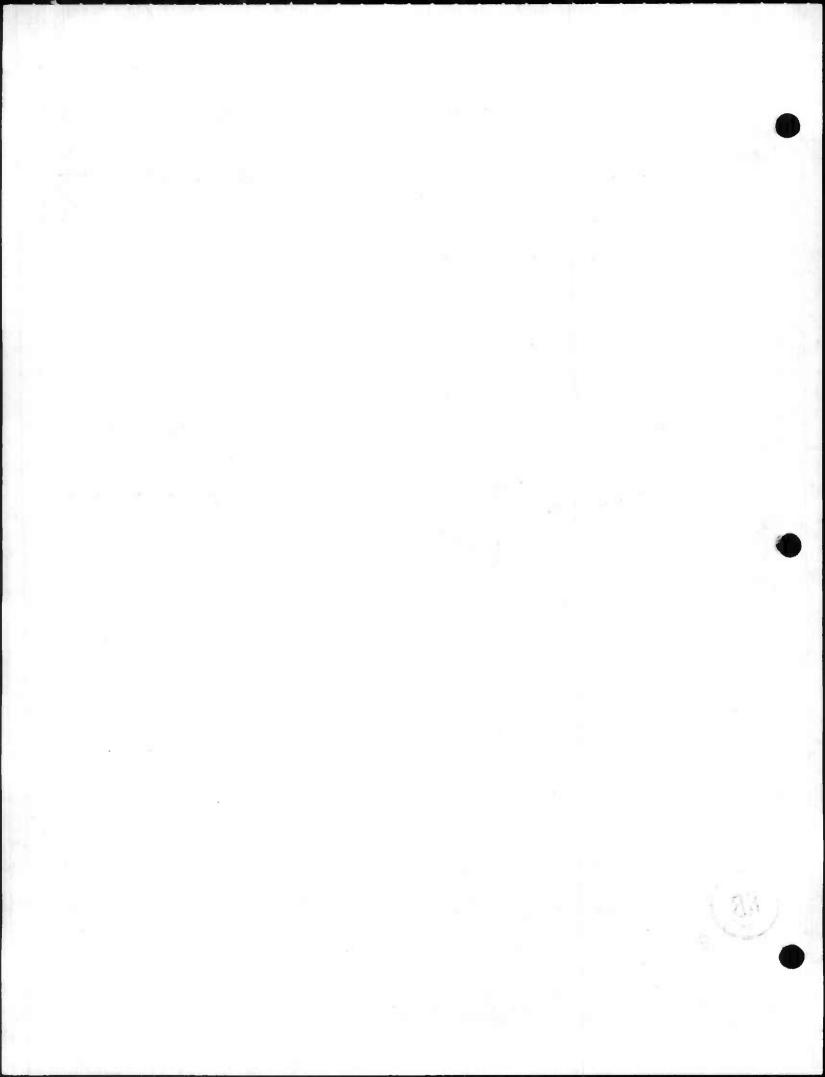
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State

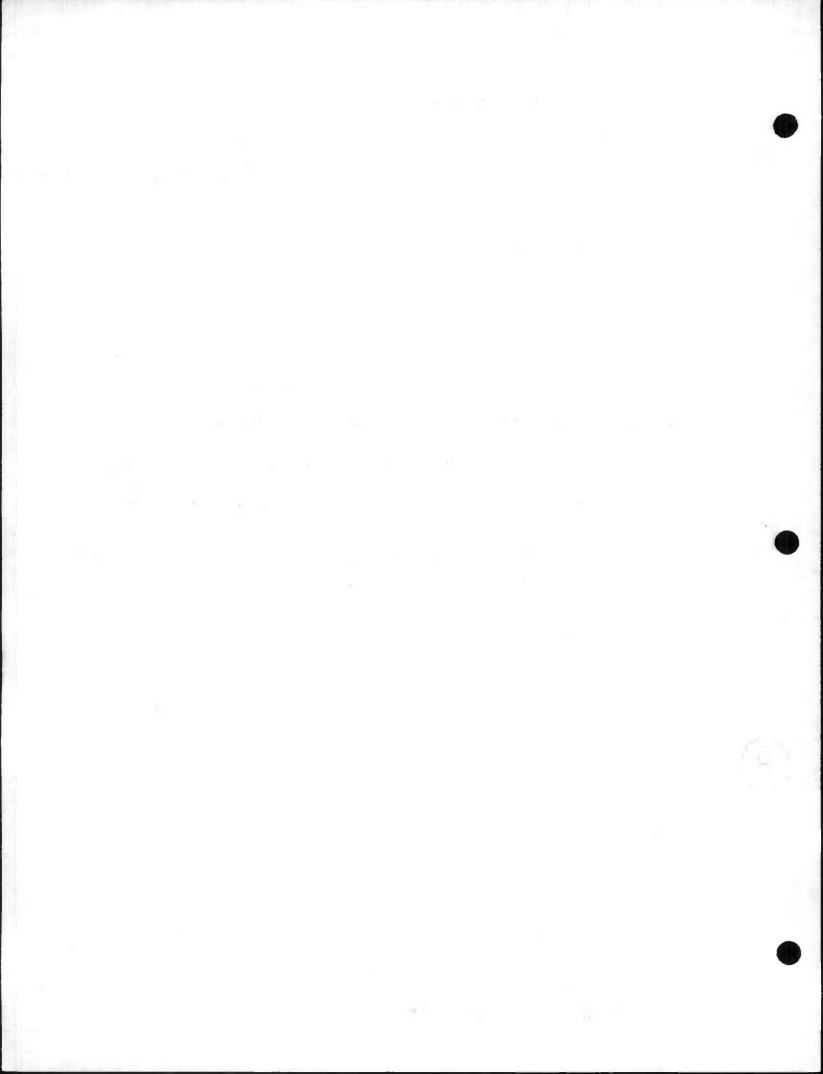
Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** MAY 1997 31 Jeffrey Lynn Meeker 12:15 PM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 9047 Watchlight Court Columbia Howard it Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number if Under 1 Year 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1₽M 2□ F Months Deys 213-88-4556 Yrs. 35 Director June 8, 1961 North Dakota Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or items 23a or 28s-f show other traumatic event, the Medical Examiner must be notified at 10d. insida City Limits MD Howard Columbia 1 ☐ Yes 2 XNo Director 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 9047 Watchlight Court 21045 USA Funeral deeth 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours efter nent of Health end Mental Hygiene. Int: If Item 27 Is marked other than "natural", or Neury or other traumatic event, the Medical Examination 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: White 3 Widowed 4 Divorced Completed 16a. Dacedant's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Landscape Manager Landscaping 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middla, Maiden Sumame) Be Unknown 2 Unknown 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Meiling Addrass (Streat and Number or Rural Route Number, City or Town, Stata, Zip Coda) 9047 Watchlight Ct. Columbia, MD 21045 Jacqueline J. Meeker/wife 20e. Mathod of Disposition
1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removal from State 20b. Plece of Disposition (Name of cematary, crematory or other place) 20c. Location - City or Town, Stete permit. Page Depertment of Important: If any injury or 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 6/2/97

22. Name end Address of Facility Baltimore, MD 21. Signature of Funeral Service Licens Dawn F. McDonald ald Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD21228 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory shock, or heart teilura. List only one ceuse on aech lina. Physician /Medical Immediata Causa (Final diseasa or condition resulting in death) Examiner Due to (or es e consaguança ot) Examiner wer and PAIL Lung attending physician and for use es the buriel-transit Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Causa (Disease or Injury thet initiated avants resulting in deeth) Lest Due to (or as a consequance ot) s that the death certificate be execu P.O. Box 68760 Physician/Medical Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 Unknown Sp by 24b. Were eutopsy tindings evailable prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No Be 25. Wes casa raterred to medical axaminer? 26. Placa ot Daath (Check only ona) Division of Vit Hospitel: 1 Yas 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral 27. Manner ot Daath 1. Natural 28a. Data of Injury (Month, Day Year) 28c. Injury et Work? 28d. Dascribe how injury occurred 5 Pending investigation 1 Yas 2 No 2 Accident 6 Could not be 28f. Location (Straat and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Plece of Injury - At homa, tarm, street, fectory, office building, etc. (Spacify) 4 Homicide 1 Certifying Physicien: To the bast of my knowledge, death occurred et the time, date and place, and due to the cause(s) and mennar es stated.
2 Medical Exeminer: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end mennar stated. Medical 29a. Certifier (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifier 29c. License number June 2 1997 30. Nama and eddrass of person who completed cause of deeth (Itam 23a) (Type, Print) Little Partixent Pkuy Columbia MB Z1044 11065 31. Date tiled (Month, Day, Year) 32. Registrar's Signature State JUN 0 3 1997 Registrar



97-2938-510 B.K.S Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. VERNALL LEROY State of Maryland / Department of Health and Mental Hygiene Items: 23 part I 27 28a-f perME 6/9/97 dh Certificate of Death MUNDELL 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death Day **Physician** Month Year VERNAL LEROY MUNDELL JR. MAY 29. 1997 /Medicai 11:22AM 4b. City, Town, or Location of Deeth 4e. Fecility Name (If not institution, give street end number) 4c. County of Deeth Examiner 2819 BAKER STREET BALTIMORE 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. Dete of Birth (Month, Day, Year) 958 7. Age (In yrs. lest birthdey) Funerai 9. Birthplece (Stete or Foreign 1 ₩ 2 □ F Deys 215-76-8446 Yrs. MARYLAND Director 39 Usual Residence of Decedent 10e Stete 10h County 10c. City. Town or Location 10d. Inside City Limits show mant be notified at 1 Nes 2 No BALTIMORE Funeral Director MD 10e. Street end Number 10f. Zip Code 10a. Citizen of What Country? apt201 21216 WINCHESTER ST. 2505 STATES UNITED items . 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ XIX If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11 Marital Stafus the Medical Examiner filed within 72 hours efter 1 ☐ Never Married 2 ☒ Married 21215-0020 ò 1 ☐ Yes 3(☐)(No Specify: BLACK py Specify: 3 Widowed 4 Divorced natural', Completed 15. Decedent's Education 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) LABORER BAKERY traumatic event. Baltimore, Maryland 17. Fether's Neme (First, Middle, Lest) . Pages 1 and 2 should be fill ment of Heelth and Mentel H. Lant: If item 27 is marked oth 18. Mother's Name (First, Middle, Meiden Surneme) Be ELAINE NEWMAN VERNAL L. MUNDELL SR. 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) WINCHESTER ST.APT.201, BALTO., MD#16 CATES - MOTHER 2505 ELAINE other 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other p 20c. Location - City or Town, State NBurial 2 Cremation 3 Removel from State 4 Donetion 5 Other (Specify) 0 permit. Page Department of Important: If any Injury or KING 6 - 5 - 97MEMORIAL PARK RANDALLSTOWN, MD 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility WABASH AVENUE. C. MARCH FH.-4300 0 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel NARCOTIC AND ALCOHOL INTOXICATION diseese or condition resulting in death) Examiner Due to (or es e consequence of): Examiner The law requires that the deeth certificate be executed the burial-tran Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest pue Due to (or es e consequence of): physicien Physician/Medical Due to (or es e consequence of): 80 Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? signed by t 1 Yes 2 No 3 Probably 4 Unknown

p Completed or Attending Physician: The after death.

Director: After this certificate at in by the funeral director, pt Be Certification: To

Box 68760.

Division of Vital Records, P.O.

24e. Wes en eutopsy performed?

24b. Were eutopsy findings eveileble prior to completion of cause of deeth?

V Yes 2 No 1 Ses 2 No

26. Piece of Deeth (Check only one)

25. Wes cese referred to medical examiner r 1⊠ Yes 2□ No

27. Menner of Deeth

1 Neturel

2 Accident

3 Suicide

4 Homicide

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpefient 3 ☐ DOA 28e. Dete of Injury (Month, Dev Year) 5 Pending investigation

28b. Time of foundiury II:00 p found 5/29/97

Other: 4 ☐ Nursing Home XX A Residence 6 ☐ Other (Specify) 28c. Injury et Work? 1 ☐ Yes 2 No

28d. Describe how injury occurred

unknown

Could not be 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)
found: home

28f. Location (Street end Number or Rural Route Number, City or Town, Stete 2819 Baker Street Baltimore, Maryland 21216

29a. Certifier

Medicai

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. License number O.C.M.E 29d. Date signed (Month, Day, Year) MAY 30, 1997

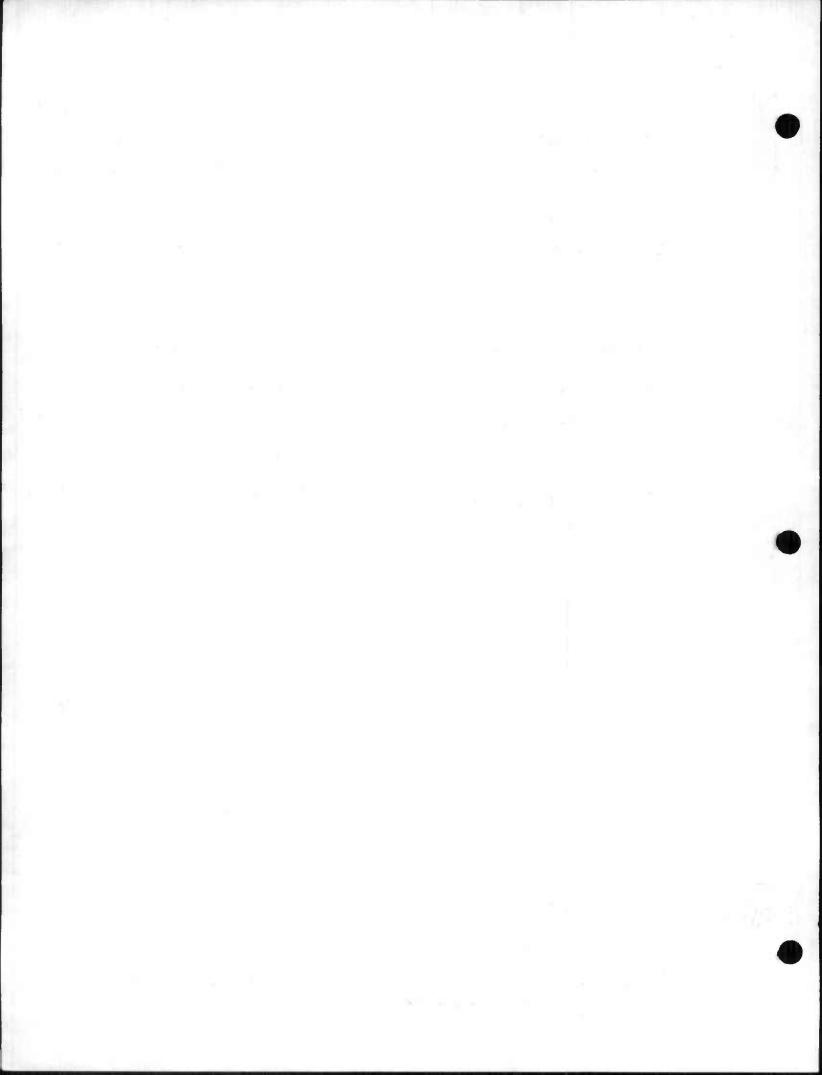
30. Name and as of person who completed ceuse of deeth (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

ON OF JUN 0 3 1997





State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

| | | Certificate of Death Reg. No. | | | | | | | | | | | | | | |
|--|---------------------------|--|---|--|---|---|------------------------------|--|------------------------------|--|---|---------------------------------------|--|---|--|----|
| nysicia | | | ma (First, Middla, SLIE ED | | ADISON | 11112 | | | | | 2. Data of Death Month Day Yan MAY 25 1997 | | | 3. Time of Death | | |
| Medic | | 4a. Facility Nama (If not Institution, give street and number) | | | | | 4b. City, Town, or I | | wn. or Lo | | | 25 1997 9:59 1 4c. County of Death | | | | |
| kamin | er | | | AL MEDICAL CENTER | | | | | | ETHE | | in obuity | | GOMERY | | |
| neral | | 5. Social Security | | . Sax | | rs. last birthd | | der 1 Yaar | If Undar | 24 Hrs. | | rth | | | | |
| ector | | 224-38-1 Usual Rasidance | | 1XIM 2□ F | 64 | Yrs | Month | s Days | Hours | Min. | 8. Data of Bi (Month, D June | 1932 L9, 1932 | Vir | aca (Stata or Foraign y) yinia | | |
| r 28a-f ehow | | 10a. Stata VA | 10b. County Spotsyl | vania | 10c. | City, Town or Frede | | oura | | | | | 10 | d. Insida City Limits | | |
| otttie | cto | | | | | | | | | | | | | 1 ☐ Yas 2 ☐ No | | |
| 8 | 2 | 10e. Street and N | | | | | | Zip Coda | | | | 10g. Citizan of 1 | What Countr | ry? | | |
| sunt be | eral | | nrise La | | a Maria Especia | | | 22407 | | 1.0.10 | | USA | Augustania (| - 4- 4/ | | |
| | by Funeral Director | | rried 22 Married | Armed F 1 1X Yas If Yas, G | cedant Evar in orcas? 2 No iva Retjoatas: | red | | pecify Cub | | gin? (Spi , Puarto | ecify Yas or N Rican, atc.) | Bian Specify | ce - Amarica ck, Whita, at Whit | tc. | | |
| edical Exa | Completed by | | 15. Decedant'a | Education | | 16a. De | cedent's Us | suai Occu | pation | | 100 | 16b. Kind of B | | | | |
| Merci | ple | (Spe | ondery (0-12) | |) (1-4or 5+) | (G | iva kind of a e. DO NOT | work dona usa retire | pation during most ed) | of work | ing | | | | | |
| 2 | E | 12 | ordary (0-12) | 0 | (1-401 5+) | Mai: | l Carı | rier | | | | U.S. Po | stal S | Service | | |
| matic event, the M | To Be | | (First, Middle, La her Colu | mbus Madison | | | | | | ma (First, Middle, Maldan Surr e Lee Waller | | mama) | | | | |
| aume | | 19a. Informant's h | Name/Raiationship | (Type, Print) | | 19b. M | ailing Addra | ass (Straa | t and Numbe | or or Run | il Routa Numb | er, City or Town, | Stata, Zip C | Coda) | | |
| er tr | | Shirley | Madison, | wife | | 1070 | 06 Sur | nrise | Lane | , Fr | ederic | sburg, | VA 224 | 407 | | |
| or oth | | 20a. Mathod of Di | sposition | □Ramovai from | | . Placa of Dis comatary, of | sposition (A cramatory o | lama of r othar pia | ice) | ì | Data | 20c. Location - | City or Tow | m, Stata | | |
| uny | | | 5 Othar (Spe | | | antic | Nat: | ional | Cem. | 5 | /29/97 | Triang | le, V | irginia | | |
| any injury | | 21. Signature of F | unaral Sarvice Lic | ansee | | | 22. Nama | and Addre | ass of Facilit | | | | | eral Serv | | |
| important: If Item 27 any injury or other to pncs. | | Hecha | in Ditio | toroll | 1 | | | | | 162 Fre | l Jette | erson Da sburg, V | VIS H | wy • | | |
| as the bu | ledical Examiner | S | Medical Examiner | Sequentially list of any, leading to leause. Enter Unc Cause (Disease othat initiated evan resulting in death) | onditions, mmadiata lerlying ir injury ts Last | b | Dua to | (or as a cons | sequance o | f): | | | | | | Ne |
| | 8 | Part II. Other etgn | iftcant conditions | d. | leath but not r | asulting In the | a undarlying | g cause gi | ven in Part t | | 23b. Dtd | tobacco use co | ntribute to t | the cause of death? | | |
| e data | by Ph | | | | | | | | | | 1 🗆 | Yes 2□No | 3 N Probe | ably 4 Unknow | | |
| 2 should | Completed | | | | | | | | | | 24a. Wes | s an autopsy ormed? | com | a autopsy findings leble prior to plation of causa eath? | | |
| 63 | 0 | | | | | | | | | | 10 | Yas 2 No | 10 | Yaa 2□No | | |
| bad | | 25. Was casa refe | errad to medical | | | | | | 26. Placa | ot Death | (Check only | ona) | | | | |
| ctor, pag | m l | |] No | Hospital: | Inpatiant 2 | ☐ ER/Outpa | tient 3 🗆 I | DOA Ott | her: 4□ Nu | rsing Ho | ma 5□ Ras | Idance 8 Oth | ar (Specify) | | | |
| director | To Be | | ath 5 Pending | 28a. Data | of tnjury oth, Day Year) | 28b. Time Injur | | 28c. tnju Wo | ryat ork?]Yas 2 □ I | | 28d. Dascribe | Dascribe how Injury occurred | | | | |
| al director. | 2 | 1 ☐ Yas 25 27. Mannar of Dea 1 ☑ Natural 2 ☐ Accidant | 5 Pending invastigat | ion | | | | | | | 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) | | | | | |
| al director. | 2 | 1 ☐ Yas 20 27. Mannar of Dea 1 ☑ Natural | 5 Pending | be 28a. Piac | e of Injury - At ling, atc. <i>(Spe</i> | | atraat, facto | ory, office | | | | | ber or Rural | Route Number, | | |
| hed in by the funeral director. | Certification: To | 1 Yas 25 27. Mannar of Des 1 Natural 2 Accidant 3 Suicida | 5 Pending invastigat 6 Could not detarmine | 28a. Place build 28a. P | ing, atc. (Spe a best ot my k | cify) nowledga, da | ath occurre | ed at the ti | | d placa, | City or To | | ennar as ata | ited. | | |
| hed in by the funeral director. | ledical Certification: To | 1 Yas 25 27. Mannar of Dea 1 Natural 2 Accidant 3 Suicida 4 Homicida 29a. Certifiar (Check only) | 5 Pending invastigat 6 Could not detarmine 1) Certifying F 2 Medicat Exc | 28a. Place build 28a. P | ling, atc. (Spe | cify) nowledga, da | ath occurre | ed at the ti | | d placa, | City or To | wn, Stata) causa(s) and mi | ennar as ata and dua to t | ited. tha cauaa(s) | | |
| hed in by the funeral director. | ledical Certification: To | 1 Yas 25 27. Mannar of Dea 1 Natural 2 Accidant 3 Suicida 4 Homicida 29a. Certifiar (Check only one) | 5 Pending invastigat 6 Could not detarmine 1) Certifying F 2 Medicat Exc | 28a. Place build 28a. P | ing, atc. (Spe a best ot my k | cify) nowledga, da | ath occurre | ed at the ti on, in my o | opinion, daa | d placa, a | City or To | causa(s) and mi | ennar as ata and dua to t | ited. tha cauaa(s) | | |
| hed in by the funeral director. | Medical Certification: To | 27. Mannar of Dea 1 Natural 2 Accidant 3 Suicida 4 Homicida 29a. Certifiar (Check only one) 29b. Signatura and | 5 Pending invastigat 6 Could not detarmine 1 Certifying F 2 Medicat Exi d titla of cartifiar | be 28a. Place build 28h | a best ot my kinesis ot axaminar atated. | nowledga, danetion end/or | aath occurre Investigetic | ed at the ti on, in my o | sa number | d placa, ath occurr | City or To | causa(s) and middle and place, | anner as ata and due to to d (Month, D | ited. tha cauaa(s) | | |
| hed in by the funeral director. | Medical Certification: To | 27. Mannar of Des 1 Natural 2 Accidant 3 Suicida 4 Homicida 29a. Certifiar (Check only one) 29b. Signatura and | 5 Pending invastigat 6 Could not detarmine 1 Certifying F 2 Medicat Exi d titla of cartifiar | 28a. Place build 28a. P | a best of my knests of axaminar atated. | nowledga, da netion end/or am 23a) (Typ | aath occurre Investigetid | ed at the ti on, in my o egc. Licens 1820 NA | sa number | d placa, ath occurr | City or To | causa(s) and mi | anner as ata and due to to d (Month, D | ited. tha cauaa(s) | | |

Registrar

S. CELL

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3 Time of Death Month Yaer **Physician** Lilly Mae Mitchell MAY 1997 30 /Medical 1:40 PM 4e. Facility Name (If not institution, give straet and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE If Undar 24 Hrs. Hours Min. 5. Social Sacurity Number 7. Age (In yrs. lest birthday) If Under 1 Year 8. Date of Birth (Month, Dev. Year) **Funeral** Birthplece (State or Foreign Country) Months Days 212-28-5892 **Director** Dec. 30 1929 Maryland 0 Usuel Residence of Decedent 10a, State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2 No **Baltimore** Timonium 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò 2144 Suburban Greens Drive Items 23a 21093 USA Funeral 12. Was Decedant Evar in U.S. Armed Forcas? 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. Race - American Indien. Black, White, etc. Pages 1 and 2 should be filled within 72 hours after inent of Health and Mental Hygiena.
int: If Item 27 is marked other than "natural", or ite Yes 2 No Yes, Giva 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: by Specify: White 3 Widowed 4 Divorced Year or Detes: Completed 15. Decedent's Education (Spacify only highast grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) n/a Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be George Knauf Marie Wirth 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) M. Herbert Mitchell/Husband 2144 Suburban Greens Dr., Timonium, MD 21093 other 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, State permit. Pages Department of Important: If it any Injury or o 1 XBurlal 2 Cremetion 3 Removel from Stata 4 ☐ Donation 5 ☐ Other (Specify) Timonium, MD 21093 Dulaney Valley Memorial Gardens 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Victor Lengrand, Lemmon Funeral Home 23a. Pert1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one ceuse on each line. Timonium, MD 21093 Approximate Intervel Between Onsal and Death **Physician** /Medicai Immediele Ceuse (Finel disaase or condition resulting in deeth) **Examiner** Due to (or es e consequenca of): Examiner Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Olsease or Injury that initieled events resulting in deeth) Lest Dua to (or es e consequence of): Physician/Medical Dua to (or es e consequenca of): P.O. Box 687 or Attanding Physician: The law requires that the death signed by the at Pert II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown of Vital Records, þ Completed 24b. Were autopsy findings aveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? page 2 has certificata 1 ☐ Yes 2 ☐ No 1 Yas director. Be 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 ☐ Rasidanca 6 ☐ Other (Specify) 30 No Certification: To 1 Yes 1 Inpatient 2 ER/Outpetient 3 DOA this filled in by the funeral 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After Division 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 24 hours after death.

Funeral Director: A 2 Accident 3 Sulcida 6 Could not be 28a. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital 12 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and pieca, and due to the cause(s) and menner as stated. Medical 29e. Certifier completely Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. To the within 2 29b. Signature/and titla of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) D50791 30. Name and aide of Geatty (Item 23s) (Type, Print)

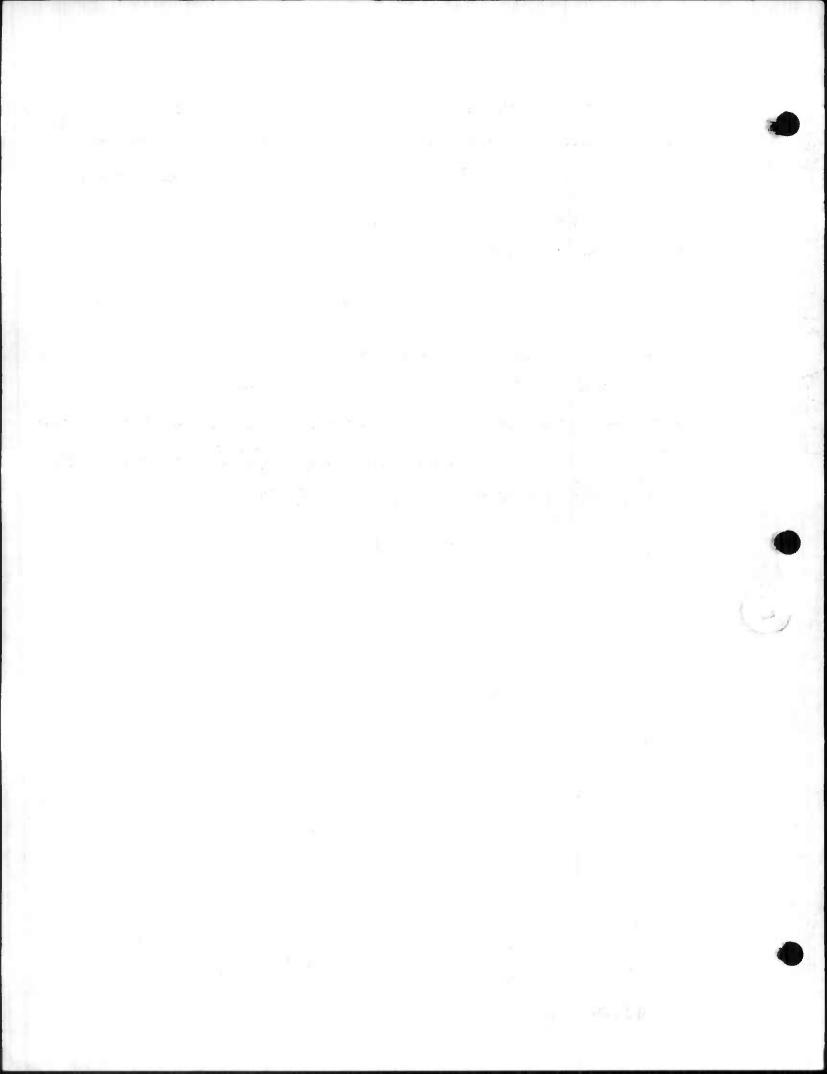
DHMH 16 Rev 6/95

State Registrar

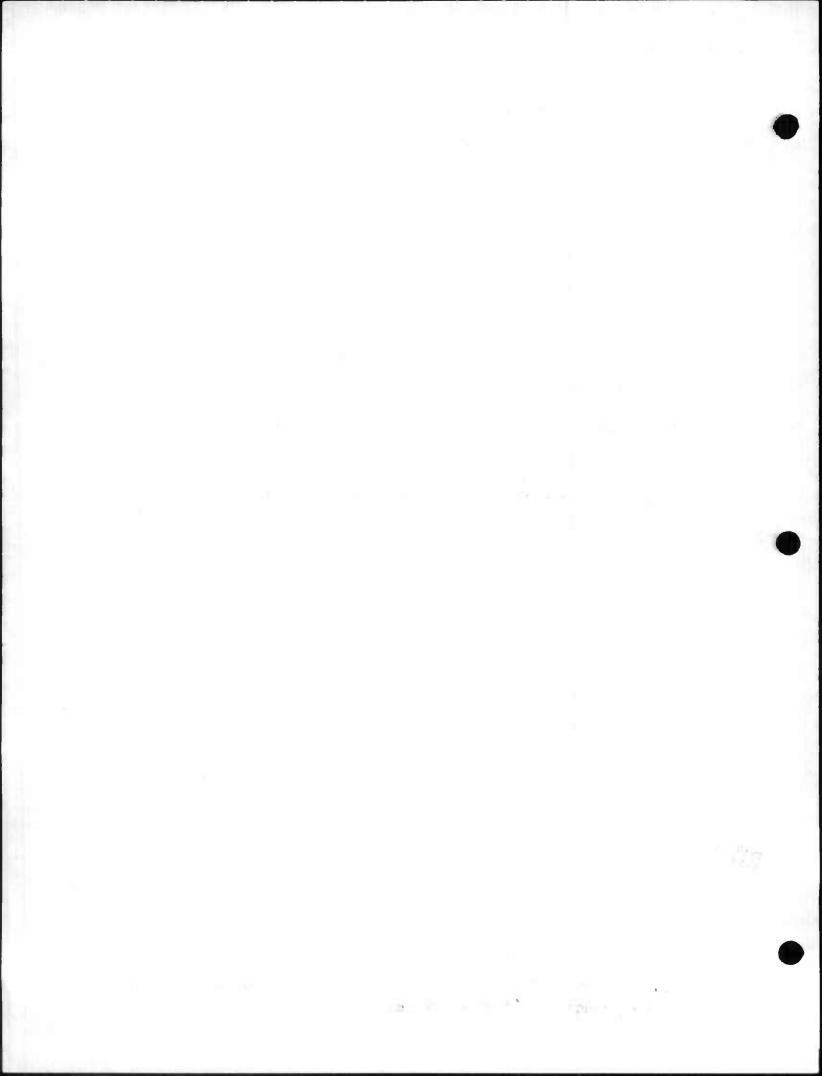
31. Dete filed (Month, Dev.)

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士



| Physicia | pe | art I,27 per MEO G-748 6 1. Decedent's Name (First, Middla, Last) | | Cer | tificate of | Dealli | 2. Date of De | Reg. No. | 3.T | Ime of Death |
|--|---------------|--|--|------------------------|--------------------------------------|---|-----------------------------------|--------------------|-------------------------------------|---------------------------------------|
| | _ | John Harry Mo | organ | | | | Month | 28, 199 | Year | 540AM |
| /Medic Examin | | 4a. Facility Nama (If not institution, giva | | | | 4b. City, Town, or | | | | 0 1 0 1 11 1 |
| | | 1230 SOUTH CAR | | | | BALTIM | | Y | N/A | |
| Funeral | | 5. Social Sacurity Number 6. Sex | }M 2□ F | ast birthday) Yrs. | If Under 1 Year Months Days | | . (Month, D | | 9. Birthplace (S Country) | Stata or Foraign |
| arked other than "natural", or items 23a or 28a-1 show alic event, the Medical Examinating must be notified at | | 214-64-7353 12 | 34 | FIS. | | | JUN 13 | , 1962 | Maryla | nd |
| 16 | | 10a. Stata 10b. County | 10c. City | , Town or Loc | ation | | | | 10d. ins | slda City Limits |
| other traumatic event, the Medical Examiner must be notified at | to | Md. N/A | Ba | ltimor | Α. | | | | 10 | Yes 2□No |
| 100 | Director | 10e. Street and Number | | II CIIIOI | 10f. Zip Code | | | 10g. Citizen of \ | What Country? | Δ |
| 1 | | 1230 S. Carey St. | | | 23 | 1223 | | US | SA | |
| | Funeral | 11. Marital Status | 12. Was Decedant Ever In U,S Armed Forces? | S. 13. W | as Decedant of I | Hispanic Origin? (pan, Mexican, Pue | Specify Yes or North Rican, etc.) | o- 14. Rac | e - American Ind ck, White, etc. | ian, |
| | by Fu | 1 Never Married 2 Married 3 Widowed 4 Divorced | 1 ☐ Yes 2 ☐ No If Yes, Give | | ☐ Yes 21 No | | | Specify | | te |
| | Pa | 15. Decedent's Educ | Year or Dates: | 16a Deced | ent's Usual Occu | nation | | 16h Kind of R | usiness/Industry | |
| | Completed | (Specify only highast grade | a complated) | (Giva k | ind of work dona O NOT usa ratire | during most of wo | orking | 100. Kirid of Bi | usiness/moustry | |
| 8 | EO | Elementary/Secondary (0-12) | Cotlege (1-4or 5+) | Cons | truction | 1 | | Cons | truction | n |
| | Bec | 17. Father's Nama (First, Middla, Last) | | | | 18. Mothar's Na | me (First, Middle | , Maidan Sumen | | • |
| | To | John C. Moro | jan | | | France | es E. Me | ndell | | |
| | | 19a. Informant's Name/Relationship (Type | pe, Print) | 19b. Mailing | Address (Straa | t and Number or F | lu <i>rei Route N</i> um <i>t</i> | oer, City or Town, | Stata, Zip Coda, | |
| | | John C. Morgan - f | ather | 1310 K | uper St. | , Baltir | nore, Md | . 21223 | | |
| ouce. | | 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ R | 0.0 | matary, cram | ition (Name of atory or othar pla | ice) | Date | VI THE | City or Town, St | |
| | | 4 Donation 5 □ Other (Specify) | | | rk Cemet | - | 6/2/97 | Baltin | ore, Md | |
| ouce. | | 21. Signature of Funeral Service License | M | 1 | Name and Addre | afman Fur | neral Ho | me at Mo | adowni d | 70 |
| | \dashv | 23a. Part1. Enter the disease, or compli | | 725 | 0 Washir | igton Bly | d., Elk | ridge, M | d. 212 | Ž7 |
| | | shock, or heert failure. List only on | e cause on each line. | . Do not ente | r the mode of dyl | ng, such as cardia | ic or respiratory a | irrest, | Interv | oximete ral Between t and Death |
| an cai | | Immediate Cause (Final | CHDONIC NADCO | TICH | | | | | | |
| ner | | disaase or condition resulting in death) | CHRONIC NARCO | as a consequ | ience of): | | | | | |
| | ner | | 240 (0) | 40 4 00110040 | onoe or, | | | | | |
| | Examiner | Sequentially list conditions, if any, leading to immediate | Due to (or | es a consequ | ence of): | | | | | |
| | | ceuse. Enter Underlying Cause (Disease or Injury | | | | | | | | |
| | dicai | thet initiated events resulting in deeth) Lest | Due to (or | as a consequ | ence of): | | | | | |
| | /Me | d | | | | | | | | |
| | Physician/M | Part II. Other significant conditions con- | tributing to double but not soon | Itina in the un | dodulas acuso si | uon la Dard I | 935 Did | tobacco use co | ntelbude to the e | auga of death? |
| | hys | Tattii. Ottor significant conditiona con | tributing to death but not less | itilig ili tile uli | derrying cease gr | ven in Part I. | | Yee 2 No | | |
| 1 | by F | | | | | | | | | |
| | | | | | | | | an autopsy ormed? | 24b. Were eut available | prior to |
| | Completed | | | | | | | | of death? | on of cause |
| | Co | | | | | | 10 | Yas 2□No | 1 Yes | 2□ No |
| 1 | Be | 25. Was cese referred to medicel examiner? | | | | | eath (Check only | ona) | | |
| l l | 2 | 1 ☑ Yes 2 ☐ No | 1 | R/Outpatient | 3LI DOA | | | idence 8 Oth | | |
| 1 | lon | XX Natural 5 Pending | 28a. Date of Injury (Month, Dey Year) | 28b. Time of Injury | 28c. Inju Wo | nryat ork?]Yes 2⊡No | 28d. Describe | how injury occur | red | |
|) | ertification: | 2 Accidant Investigation 3 Suicide 6 Could not be | 28e. Place of Injury - At hor | me, farm, stre | | 1163 2010 | 28f. Location | Street and Numb | per or Rural Rout | a Number. |
| / | E L | 4 Homicide | building, etc. (Spacify, | | ot, rastery, omos | | City or To | wn, Stata) | | |
| | S S | 29a. Certifier 1☐ Certifying Phya | ician: To the best of my know | rledge, death | occurred et the ti | me, dete and plac | e, and due to the | cause(s) and ma | anner as steted. | |
| | edicai | (Check only 2 Medicel Examin | er: On the basis of examination and mapper stated. | on and/or inve | estigation, in my | opinion, death occ | urred at the time | date and ptace, | and due to the ca | ause(s) |
| | Σ | 29b. Signature and title of certifier | 011. | | 29c. Licans | sa numbar | | 29d. Date signe | d (Month, Day, Y | 'ear) |
| | | | | | | | | | | |
| 1 | | 9 | 14 | | 0.0 | C.M.E. | | MAY 2 | 8, 199 | 7 |
| Specimon | | 30. Name and address of person who con | - 1 | | rint) | | | | | |
| Aletaldimoo | | 0 1 0 | mpleted ceuse of death (Item | 111 | rint) | treet, | Baltime | | | |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dala of Death **Physician** Month 10:50AM William Mark Martin /Medical 4a. Facility Nama (If not institution, give street end numbar) 4b. City. Town, or Location of Death 4c. County of Death Examiner 4743 Westland Blvd. Apt. C Baltimore Baltimore 6. Sex 1 M 2 □ F If Under 1 Year 5. Social Security Number If Under 24 Hrs. 9. Birthplece (State or Foreign Country) New York 7. Aga (In yrs. lest birthday) **Funeral** 69 220-22-2456 Yrs. Director Usual Residence of Decedent the Maryland r 28a-f show 10a Slale 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Director Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10a. Citizen of Whal Country? "natural", or items 23a or edical Examiner must be 4743 Westland Blvd. Apt. C 21227 U.S.A. Funerai Peges 1 and 2 should be filled within 72 hours after death nent of Health and Mentel Hygiene. 12. Was Decedent Ever in U,S. Armed Forcas? 1 ≦ Yas 2 □ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 No by 3 ☐ Widowed 4 ♥ Divorced Completed the Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 Firefighter Baltimore City markad other 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Earl Martin Zora Federline 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) of Health a item 27 le r other tra Laurie Schleicher/ Daughter 319 Harlem Lane Catonsville, MD. 20b. Place of Disposition (Neme of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stala 14 Burial 2 Cremation 3 Removal from State ortant: If i Department of Important: If any Injury or 6/2/97 New Cathedral Cemetery Baltimore, MD. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Sterling Ashton Funeral Home, Inc. 736 Edmondson Ave. Baltimore, MD. 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner CARDIOMOPATA) Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Lasl Box 68760. physiclan Physician/Medicai the Dua to (or as a consequence of) ate hes been signed by the attendin page 2 should be detached for use Part tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Dld tobacco use contribute to the cause of death? No 3 Probably 4 Unknown 1 Yes 2 Records, by 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed Division of Vital 25. Was case referred to medical Be 26. Plece of Death (Check only one) examiner? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home ome 5 Residence 6 Other (Specify)
28d. Describe how injury occurred 1 Yes 2 No Certification: To E SI 27. Manner of Death 28b. Tima of 28c. Injury at Work? Affiler 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident Director 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homleide to the Funeral 29a. Certifier Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated. Medicai (Check only one) 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and placa, and due to the causa(s) and manner stated. 29b. Signature and fittle of certifier 29d. Date signed (Month, Dey, Yeer) 1838 Green Tree Rd. Pikeville, MD. State

Registrar

RB

DHMH 16 Rev 6/95

vpc -

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Nema (First, Middla, Last) 2. Deta of Deeth 3. Time of Deeth May 4, 1997 Year 1:55 PM Doris L McPherson 4e. Fecility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Parkton Baltimore 1207 Mt. Carmel Road If Under 1 Yaar If Under 24 Hrs. Months Deys Hours Min. Birthpleca (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Deys 1 □ M 2 🖫 F 220-42-5361 Yrs. Oct. 13, 1942 Maryland Usuei Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Maryland Parkton 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1207 Mt. Carmel Road 21120 U.S.A. 12. Was Decedent Evar in U,S. Armed Forces? Was Dacedant of Hispanic Origin? (Specify Yas or Notif Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indian Black, Whita, atc. 1 ☐ Yas 2 ☒ No If Yes, Give Yeer or Detes: 1 Nevar Marriad 2 Marriad Specify: White 1 ☐ Yas 2X No Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 5+ Teacher Education 17. Fether'a Nema (First, Middla, Last) 18. Mothar's Neme (First, Middle, Meiden Surname) Harold Lewis Ruth Croff 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Douglas R. McPherson - husband 1207 Mt. Carmel Road, Parkton, Maryland 21120 20b. Plece of Disposition (Nema of cematary, cramatory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removel from State 4 ☑ Donation 5 ☐ Other (Spacify) 21. Signature of Purieral Servica Licensee 22. Nama and Address of Fecility State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 Ronald S 1 231. P. rt1. Enter the disease or complications that caused tha death. Do not enter the mode of dying, such as cardiac or respiratory errest, ock, or heart feilure. List only one cause on each line. Interval Between Onsat and Death Immediate Ceuse (Finel disease or condition resulting in death) 4 mo NN

Physician /Medical Examiner

Physician

/Medical

Examiner

10a Stata

Director

Funeral

þ

Completed

Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental Hygiene. Important: if item 27 is merked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Exercises.

Examiner signed by the ettending physicien and d be detached for use as the buriel-trensit Physician/Medical þ Completed Be Certification: To

peed hes

certificata

Division of Vital Records, P.O. Box 68760,

| | Breast Cancer | | 11 yes | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|
| Sequentially ilst conditions, if any, laading to immediate cause. Entar Underlying Cause (Disaese or injury | Due to (or es e consaquence of): | | | | | | | | | |
| that initieted eventa resulting in deeth) Last | C. Due to (or es e consequance of): | | | | | | | | | |
| | d | | | | | | | | | |
| ³ art It. Other eignificant conditiona c | ontributing to death but not resulting in tha underlying cause given in Pert I. | 23b. Did tobacco use contribute 1 ☐ Yee 2 ☒ No 3 ☐ Pa | to the cause of death robably 4 Unknow | | | | | | | |
| | | performed? | Were eutopsy findings aveileble prior to completion of cause of daath? | | | | | | | |
| 25. Wes case raferred to medical | | 101 20 | I□Yas 2⊠ No | | | | | | | |
| examinar? 1 Yes 2 No | Hospitel: 1 Inpatient 2 ER/Outpetiant 3 DOA Other: 4 Nursing Home | Check only one) 5 ☑ Rasidance 6 □ Other (Spec | cify) | | | | | | | |
| 27. Manner of Deeth 1 Naturel 5 Pending 2 Accident Investigetion | 28e. Dete of Injury (Month, Day Year) 28b. Time of lnjury Injury M 28c. Injury et Work? 1 Yes 2 No | Describe how injury occurred | | | | | | | | |
| 3 Suicide 6 Could not be determined | 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) | 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) | | | | | | | | |
| 29a. Cartifier 1 ☐ Certifying Ph (Check only one) 2 ☐ Medical Exam | valcian: To the best of my knowledge, deeth occurred at the time, dete end piece, and ilner: On tha besis of examination end/or investigation, in my opinion, death occurred and manner steted. | due to the ceuse(s) and menner as et the time, dete end ptece, end dua | stated. to the ceusa(a) | | | | | | | |

29c. License number D37238 29d. Data signed (Month, Dey, Year)

5.22. 97

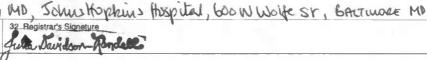
State Registrar

Medical

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29b. Signature and title of cartifle

31. Date filed (Month, Day, Year)

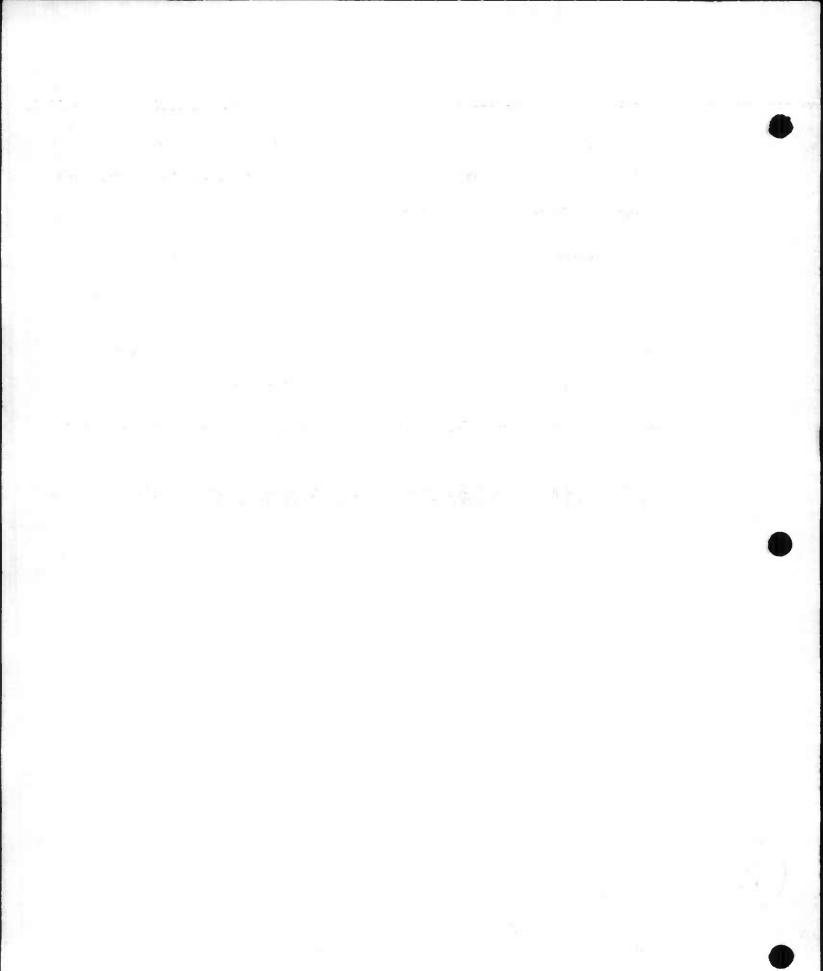


MD

30. Nema and eddresa of person who completed causa of deeth (Item 23a) (Type, Print)

M Som Kennedy MD

To the Hosp within 24 ho To the Fune completely fi Fune



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month MAY Dey 1997 **Physician** 31, 10:55 am ESKER MANCE, SR. /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner N/A BALTIMORE EVERGREEN NORTHWEST 8. Dete of Birth (Month, Dey, Year) FF.B 3, 1 If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 8. Sex 7. Age (In yrs. lest birthday) Birthpiace (Stete or Foreign Country) **Funeral** Deys Months Hours Min. 76 Yrs. 215-10-0211 SC **Director** Usuei Residence of Decedent with the Menyland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or frams 23a or 28a-f ahow traumatic event, the Medical Examinar must be notified at BALTIMORE 1X Yes 2 □ No N/A Director MD 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? UNITED STATES 21217 2513 WOODBROOK AVENUE death Funeral 12. Wes Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. pernit. Peges 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiana. Important: if fem ZT is marked other than "natural", or the important: if fem ZT is marked other than "natural", or the Medical Examines ARE. 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried 1 ☐ Yes 2 KNo Specify: Baltimore, Maryland 21215-0020 BLACK Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Eiementery/Secondery (0-12) College (1-4or 5+) APARTMENT COMPLEX MAINTANCE WORKER 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) MOSES MANCE P CARRIE 19e. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) BALTO., MD 21217 2513 WOODBROOK AVE. ANITA R. MANCE (WIFE) 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 20e. Method of Disposition Dete Buriei 2 Crametion 3 Removel from Stete 6 - 5 - 97BALTO., MD WESTERN STAR CEM. 4 Donetion 5 Other (Specify) 270 FREDHILTON PASS 21. Signature of Funerei Service Licensee 22. Neme end Address of Fecility allen L. CALVIN L. WILLIAMS F BALTO., MD 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Batw Physician Immediate Ceuse (Finei disease or condition resulting in deeth) /Medical Examiner Due to (or es e consequenca of) Examiner that the death certificate be executed physician and the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury thei initieted events resulting in death) Last Due to (or es e consequenca of): Box 68760 Physician/Medical Due to (or es a consequença of): use as t signed by the atterd of the datached for a P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. p should t 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed has 1 Yes 2₽ No 1 Yes 2 No certificate 25. Wes case referred to medical examiner? funeral director, 28. Piaca of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 1 Yes 2 No this 28e. Dete of Injury (Month, Dey Yeer) Certification: 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. injury at Work? Aftar Attending To the Hespital or Attending withing 2, hours either death.
To the Funeral Director: Afte completely filled in by the fun. 1 Neturai 5 Pending investigation 1 Yas 2 No 2 Accidant Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 Certifying Physician: To tha best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, dete and pleca, and due to the cause(s) end menner steted. 29b. Signeture end the of bertifier 29d. Dete signed (Month, Day, Year) 140 30. Name and ad of person completed cause of deeth (item 23a) (Type, Print) eman Hen 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State

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which davidson

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Tima of Death **Physician** Month Ethel Nortis 29 1997 134 MA /Medical 4a. Fecility Nama (If not institution, give street end number) Bruchow ag wind 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltinur C Refrence + ctchurch Huma If Undar 1 Yaar 8. Data of Birth (Month, Dey, Year) 9. Birthplace (State Country) 12-07-1894 MARYLAND 5. Social Security Number 6. Sex 7. Aga (In yrs. lest birthdey) 9. Birthplace (Stete or Foraign **Funeral** 1□M 2**X**F Months Days Hours 219-30-8315 102 Yrs Director Usuel Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Woolcal Examinar must be notified at 1 Yes 2 No Director MD. N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 101 NORTH BOND ST. 21231 U.S.A. Funeral 12. Was Decedant Evar In U.S. Armed Forces? 13. Was Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 ☐ Married 1 Tas 2 No
If Yes, Give
Year or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than any injury or other traumatic event, the Mental Injury or other traumatic event, the Mental Elementery/Secondary (0-12) College (1-4or 5+) 4YRS BANKING BANKING 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be WISON S. NORRIS 2 UNKNOWN 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) PAT CROYLE (ADMINISTRATOR) 101 NORTH BOND ST. BALTO., MD. 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) GREEN MOUNT CREMATORY5-30-97 BALTO., MD. 21. Signature of Funeral Service Licenses 22. Nama and Address of Facility HENRY W. JENKINS & SONS CO. William K. face 11 4905 YORK RD. BALTO., MD. 21212. 23a. Part1. Enter the disaase, or complications that caused the death. Do not enter the mode of dyling, such as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** . End Stage Serile Dementia /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Atheroscherotic Cardio vascular Disease Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in death) Last Due to (or as a consequence of) and physician a s the bunal Box 68760. Physician/Medical Dua to (or as a consequenca of) 88 Pert II. Other significant conditions contributing to death but not resulting in fine underlying ceuse givan in Part I. Records, P.O. 23b. Did tobacco use contributs to the causs of seath? signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Were autopsy findings available prior to completion of ceuse of deeth? 24e. Was en eutopsy performed? Completed 1□ Yes 20 No 1 Yes 2 No Division of Vital 25. Wes cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Manger of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28c. Injury et Work? After ding 1 Natural 5 Pending 1 TYes 2 □ No Investigation 2 Accident 6 ☐ Could not be determined 3 Suicide 28f. Location (Straet end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicida 1 Certifying Phyaicien: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) end menner es stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner stated. 29a. Certifier (Check only one)

State Registrar 31. Date filed (Month, Dev. Year)

30. Name and address of person who completed ceuse of death (tem 23a) (Type, Print)

rile II M.D.

29c. License number

29d. Date signed (Month, Day, Year)

101 North Bond Street 21231

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Property of the party of the party and the party of the p totaken in 1 statem statement in 1 militaris i s AND SHARE IN THE SHARE IT the state of the same of the same the sound with the last one of the state of the All In Andrew Property the Barry A. H. Ward to deliver a way

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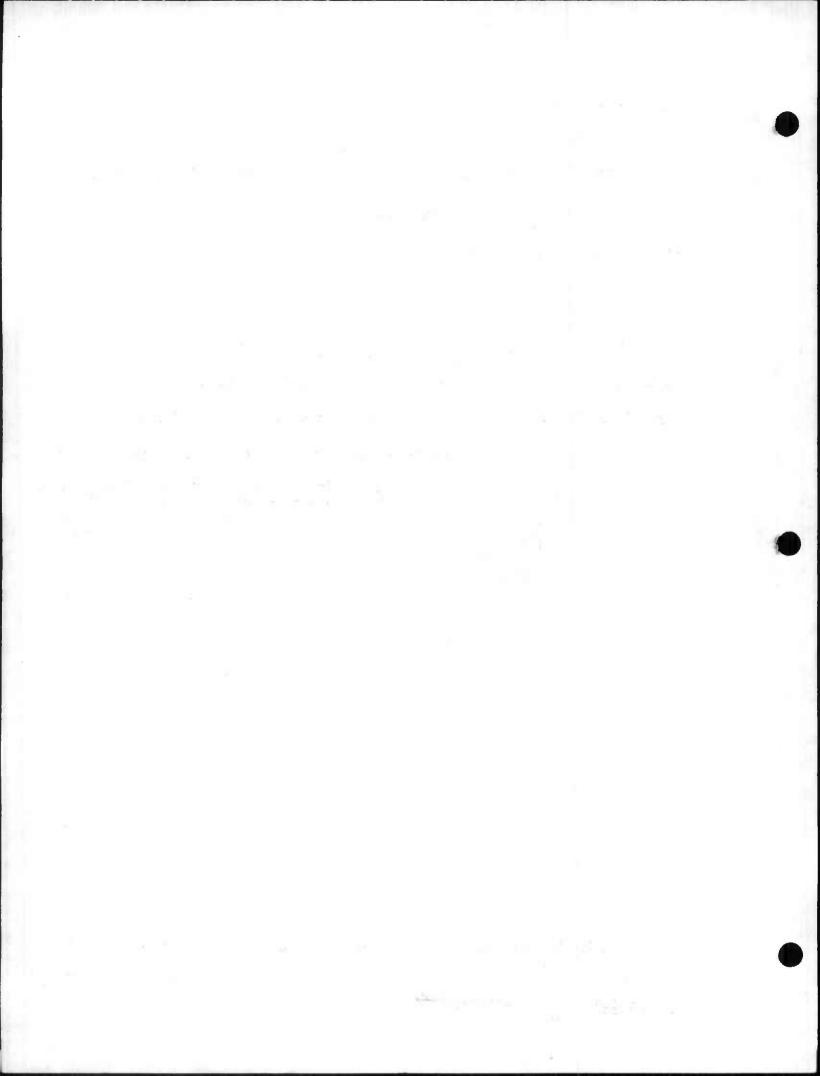
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death JUNE **Physician** PURDY JOSEPHINE M. 0912 /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner UNIVERSITY OF MARYLAND MEDICAL SYSTEMS BALTIMONE BALTI MORE, | Months | Deys | Hours | Min. | March | 10,1916 | Maryland 5. Sociel Security Number 6. Sax 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 1□ M 2₽ F 217-03-4345 Director Usuei Residance of Decedent the Maryland 10e. Steta 10c. City, Town or Location or 28a-f show 10d. inside City Limits traumatic event, the Medical Examiner must be notified at Md. n/a Baltimore 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 600 Light Street Apt. #335 "natural", or Items 23e 21230 USA Pages 1 and 2 should be filed within 72 hours efter deeth nant of Heath end Mental Hygiene.
Int. If Hem 27 Is marked other than "natural", or Items 23 Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Status 14. Race - American Indien. Bleck, White, etc. 1 Never Married 2 Married ☐ Yes 2 No f Yes, Give Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 🛛 No Specify: þ 3 Widowed 4 Divorced Yeer or Detes Completed 16a. Decadent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Penn Fruit Co. retail clerk 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maidan Surname) Be Frank Sala Gertrude Fuchs 2 19a. informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 600 Light Street Apt. #335, Baltimore, Md. 21230 Harry C. Purdy (Husband) 20b. Pleca of Disposition (Neme of cametary, crametory or other plece) 20a, Method of Disposition Jupate 5 20c, Location - City or Town, Stete Department of Important: If its any injury or o Holy Cross Cemetery 1 XBurial 2 ☐ Cremation 3 ☐ Removel from State Brooklyn Park, Md. 4 ☐ Donetion 5 ☐ Other (Spacify) 22. Name end Address of Fecility
McCully-Polyniak Funeral Home of South Balto.
130 E. Fort Ave., Baltimore, Md. 21230 lives wa 23e. Perd. Effer the disease, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on aach line. Approximete intervel Between Onset end Deeth Physician /Medical Immediete Ceuse (Final disease or condition resulting in daeth) (SEPTIC SHOCK days Examiner Due to (or es e consequenca of) Completed by Physician/Medical Examiner RENAL FALLURE days or Attending Physician: The law requires that the death certificate be axecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Undarlying Cause (Disaase or injury end Due to (or es e consequenca of): RESPIRATORY FAILURE Division of Vital Records, P.O. Box 68760, attending physicien for use as the buria thet initieted events resulting in deeth) Lest Due to (or es e consequenca of): CORONARY ANTERY DISTASE ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by I 1 ☐ Yes 2 ☐ No 3 ☑ Probebly 4 ☐ Unknown CHRONIC OBSTRUCTIVE PULMONARY DISEASE 24b. Were eutopsy findings avellable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? DIABETES peen ate hes l CARDIAC ARRHYTHMIAS 1□ Yes 2 No 20 No certificate 1 Tyes 25. Wes case referred to medical exeminer?

1 Yes 2 No director Be 28. Pieca of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Daeth 28e. Dete of injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how Injury occurred 28c. injury at Work? 5 Pending Investigation 1 Naturai after death.
I Director: Aft
d in by the fur NA 1 Yes 2 No 2 Accident NIA 6 Could not be 3 ☐ Sulcide 28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide hin 24 hours after the Funeral Dire npletaly filled in b 29a. Certifiar (Check only one) 15 Certifying Physician: To the best of my knowledga, daath occurred at tha tima, data and piece, and due to tha ceusa(s) and manner as steted.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, daath occurred et tha tima, data and place, and dua to the causa(s) end menner steted. Medical To the I To the I 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) June 2, 1997 AT2438946 30. Neme and address of person who completed causa of death (Item 23e) (Type, Print) 22 D. Drun M Delt 21201 MARIA A. HALSTED MO UMMS BALTIMORE MO I lie Devidour Physdelle

DHMH 16 Rev 6/95

State Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

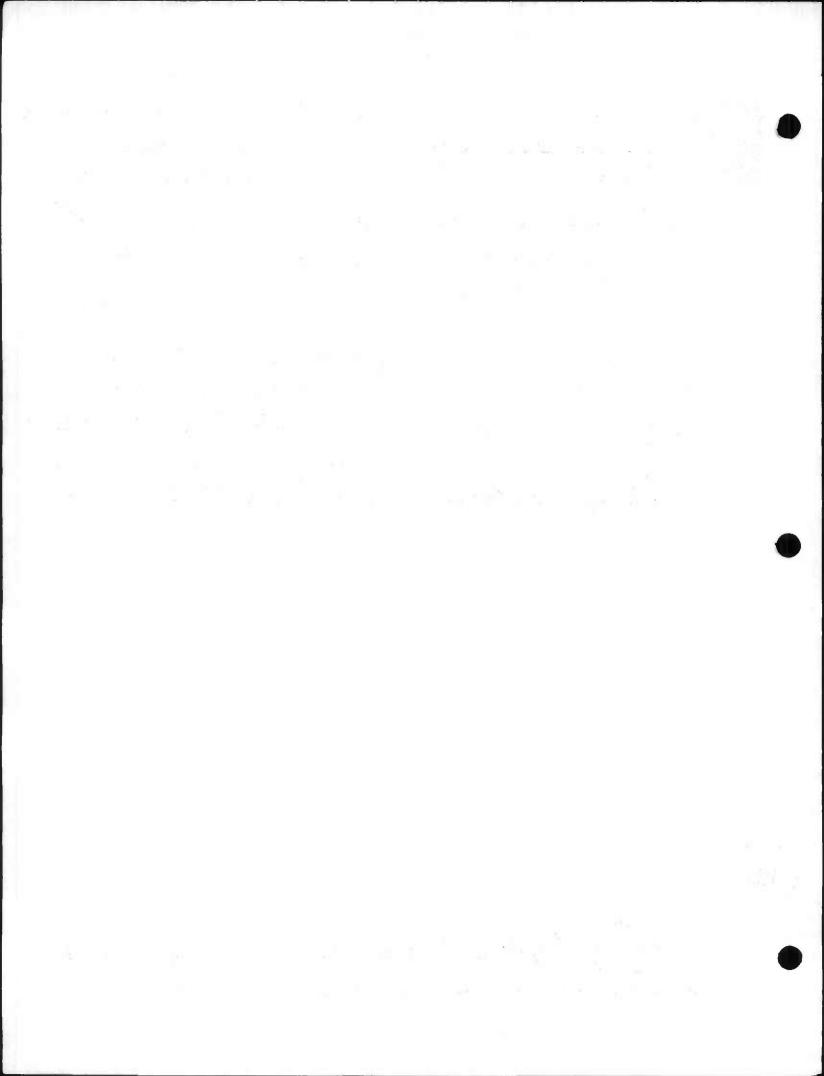
| | | | State of Mary | | tificate of l | | | Rea. No. |) / | 6/85 |
|--|---------------------|------------------|---|---|---|--|--|------------------------------------|--------------------------------|--|
| | ysicia Medic | | 1. Decedent's Name (First, Middle, Last) | Pr | ince | Sr. | 2. Date of Dea | | Yaar 1997 | 3. Time of Death |
| | amin | - | 4a. Facility Name (If not Institution, give street and number) SHADY GROVE ADVENTIST HO | SPITAL | | ROCKVII | ocation of Daath | | of Death | v |
| | neral ector | | | yrs. last birthday) 5 Yrs. | If Under 1 Yaar Months Days | If Under 24 Hrs. Hours Min. | 8. Daie of Birth (Month, Da) | | | se (State or Foreign |
| enyland | dat | _ | 10a. State 10b. County 10c | c. City, Town or Lo | | | 9 | | 10d | . fnside City Limits |
| with the M | t be notifie | Funeral Director | N. J. KERGEN 10e. Street and Number 2 4 1 1 1 Signs + | GIEN | 10f. Zip Code | 16) | | 10g. Citizen of V | What Country | |
| Ind 21215-0020 be filed within 72 hours efter death with the Meryland tel Hygiene. d other than "netural", or Items 28a or 28e-f show | caminer mus | by Funera | 11. Marifal Sfatus 1 Nevar Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Evar Armed Forces? 1 Eyes 2 No 2 If Yes, Give Year or Dates: 1 - 2 | 2.14.5 | Vas Decedent of Hi f Yes, specify Cuba | ispanic Origin? (Sp in, Mexican, Puarto Specify: | ecify Yes or No- Rican, etc.) | 14. Rac Blac Specify | a - American k, White, etc | |
| Taryland 21215-0020 2 should be filed within 72 hours eft and Mentel Hygiene. is marked other then "neturel", or | Medical E | Completed | 15. Decedent's Education (Specify only highast grade completed) Elementary/Secondary (0-12) College (1-4or 5+) | | lenf's Usual Occupi kind of work done of OO NOT use retired | ation during most of work f) | ing | 16b. Kind of Bu | siness/Indus | itry |
| yland 21 ould be filed wil Mentel Hygien arked other th | evant, the | Be | 7. Fether's Name (First, Widdle, Last) | 12rd | SClea | D-R R | e (First, Middle, | | ane | ک). |
| | raumatic | P | 19a. Informant'a Name/Relationship (Type, Print) | | g Address (Street a | and Number or Run | al Route Numbe | r, City or Town, | | |
| Pages 1 end nent of Health nt: If item 27 | or other t | | 1 Surial 2 □ Cremation 3 □ Removal from State | Ob. Placa of Dispo | sition (Name of netory or other place | | ship you | 20c. Location - | City or Town | d 2083' |
| Baltim permit. Pag Department | any injury or once. | | 4 □ Donation 5 □ Other (Specify) 21 Significant Service Licensee | airlaw 22 | Nama and Addres | ss of Facility | 6-2-97 Horse | teolu- | Λ - | 10.3. |
| 00 | | | 23a. Pert . Enter the disease, or complications that caused the shock, or heart failure. List only one cause on each lina. | | | g, such as cardiac | or respiratory ar | 61.0 | Al | Deproximate proximate hysic /Med Exam | lical iner | | Immediate Cause (Final disease or condition resulting in death) | to (or as a conseq | uence of); | f liv | ner | | | Known |
| acuted end | -transit | Examiner | Sequentially lisf conditions, if any, leading to immediate cause. Enter Underlying | hofer to (or a conseq | uence of): | 7e 1 C | arci | non) | U | nknown |
| 68760, ifficate be executed g physicien end | the bur | edical E | Cause (Disease or injury | fo (or as a consagi | Janca of): | + | | + | Y | ears |
| | or use a | _ | dah | ic/ | Keszin | The same | avre | 2 | | |
| P.O. nat the d | latachec | Phy | Part II. Other significant conditions contributing to death but not | f rasuiting in the ur | nderlylng causa giva | an in Part I. | | obacco uae con ree 2 No | 3 Probab | ne cause of death? bly 4 Unknown |
| Hecords, ne law requiras the law requiras the law requiras the last been signed. | 2 should be | Completed by | | | | | 24a. Was a | an autopsy med? | availa | autopsy findings able prior to eletion of cause ath? |
| ate h | or, page 2 | | 25. Was case referred to medical | | _ | | 1 🗆 Y | | 1 🗆 Y | es 21 No |
| | ō | Lo B | examiner? Hospital: | 2☐ ER/Outpatien | t 3□ DOA Othe | 26. Plece of Deet er: 4 ☐ Nursing Ho | | | ar (Specify) | |
| ending Physics or seth or control | | | 27. Mannar of Death Alatural Discrete Accident 28a. Deta of Injury (Month, Day Year (Month, Day Year) | 28b. Time of Injury | 28c. Injury Work M 1□ | yat k? Yes 2 □ No | 28d. Describe h | ow injury occurr | red | |
| RB | | Certification: | 3 Sulcide 6 Could not be determined 28e. Place of Injury building, etc. (Sc | | 28f. Location (S City or Tow | n, State) | | | | |
| he H in 24 he File | plete | Medical | 29a. Certifier (Check only one) Medical Examiner: On the basis of exert and marmer stated. | knowledge, death minetion end/or inv | occurred et the tim estigation, in my op | ne, date end place, pinion, deeth occurr | end due to the d red at the time, d | cause(s) and ma date and plece, | nner as state and due to th | e ceuse(s) |
| To the within To the | dwoo | 2 | 290. Signification and title of certifier | M.D. | 29c. License | D | - | 29d. Date signed | 1,19 | 797 |
| | | | 30. Name and address of person who completed cause of death AFED Kob LAFE, 5(3 1 AN 31 Pela filed (Month Day Your) | (Item 23e) (Type, I | Print) | UTTE # | 24 BLF | HOENSO | BUNG | MD |
| | Stat | e | 31. Daie filed (Month, Day, Year) 32. Registrar's S | Signature | | | | | - | |

32. Registrar's Signature

JUN 0 3 1997

State Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth CLARA PETERS 4b. City, Town, or Location of Deeth 4e. Facility Name (If not institution, give street and number) Good Samaritan Hospital Baltimore 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) 5. Social Security Number Birthplece (State or Foreign Country) 1□M 2□F Days Yrs. 028-16-5024 80 SEP 17, 1916 Massachusetts Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A Baltimore Y Yes 2 No 10e. Street end Number 4915 Belair Road 10f. Zip Code 10g. Citizen of What Country? 21206 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: White 3 Widowed 4 □ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Assembly Line Worker Electronics 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Olaf Groning Christine Nelson 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Paul W. Hampson/son 4913 Belair Rd. Baltimore, MD 21206 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Bunial 2 ☐ remetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory, Inc. 5/30/97 Baltimore, MD 21. Signature of Euneral Sawles Joseph Dawn F. HcDonald 22. Name and Address of Facility Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Death e. Cardiac arrhythmias Due to (or as a consequence of): b. renal failure Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of): Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown hypertension 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Wes an eutopsy performed? 1 ☐ Yes 2 No 25. Was case referred to medical 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Supatient 2 □ ER/Outpatient 3 □ DOA

Physician /Medical Examiner

Examiner

Physician/Medicai

by

Be Completed

Physician

/Medical

Examiner

MD

Funeral

Director

or 28a-f show

"natural", or items 23e

permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: If item 27 is merked other than "natural", or flee eny Injury or other traumatic evant.

Baltimore, Maryland 21215-0020

Director

Funerai

þ

and the signed be da

P.O. Box 68760,

Records,

to

Division

Medical Certification: To

To the Hospital or Attending Phywithin 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral at

State Registrar

29b. Signature and title of certifier

5 Pending investigation

6 Could not be

28a. Date of Injury (Month, Day Year)

1 ☐ Yes 2 ☐ No

28c. Injury at Work?

Certifying Phyalcien: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

28f. Location (Street and Number or Rural Route Number, City or Town, State)

28d. Describe how Injury occurred

se of death (Item 23a) (Type, Print)

C. Welk, Good Somerifon Hosp., Loch Raven Blvd 5601, Baltimon 21239

31. Date tiled (Month, Day, Year)

32. Registrer's Signeture

28b. Time of

28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)

JUN 0 3 1997

27. Menner of Deeth

Naturel

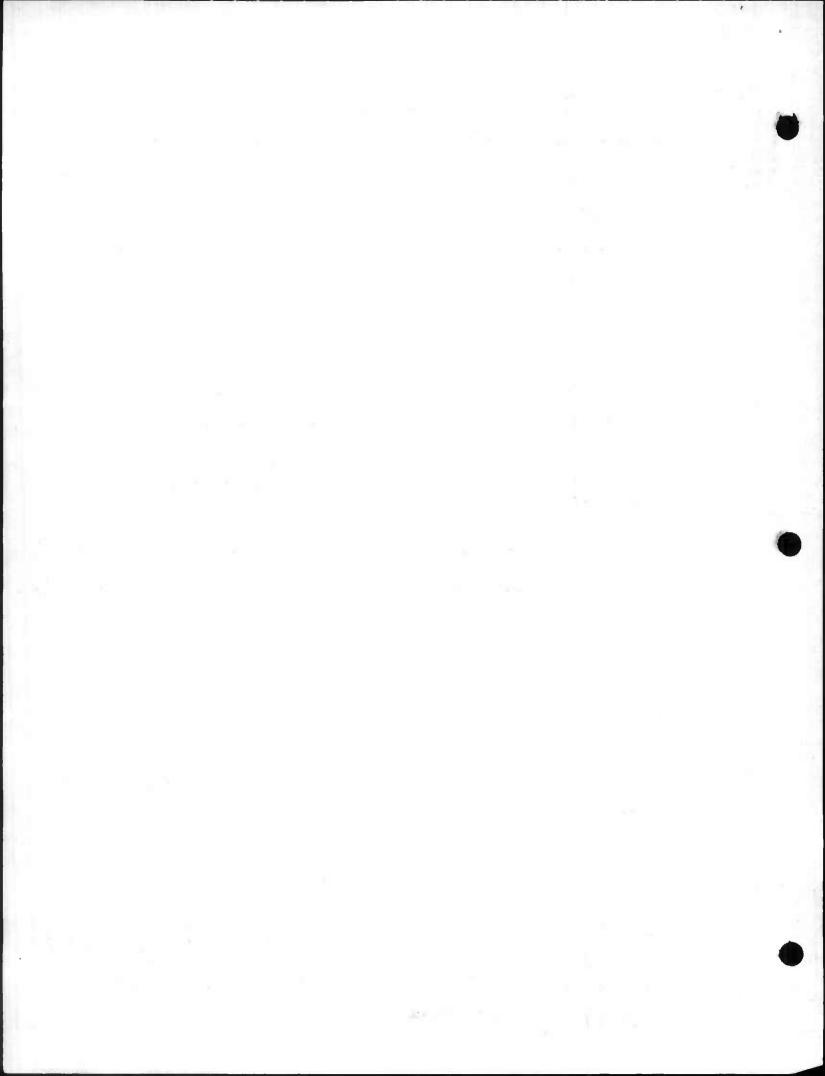
2 Accident

3 Suicide

29a. Certifier

4 Homicide

32. Registrer's Signeture



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month SANdra /Medical 46. County of Death 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death **Examiner** BALTIMORE
If Under 24 Hrs. 8. Dale of Bight MARY land
5. Social Security Number GENERAL 7. Age (In yrs. last birthday) If Under 1 Yeer 8. Dale of Birth (Month, Day, 9. Birthplace (Stete or Foreign **Funeral** 1 M 2 XF Months Deys Director Md Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Expresser must be notified at City Director BALTIMORE 1 Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 'natural', or items 23a or 21216 3924 ~ OUVALL AVE. 4,8 death v Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 Yes 2 No If Yes, Give 11. Maritel Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Áace - Americen Indian, Black, White, etc. filed within 72 hours efter 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1□ Yes 20 No Specify: Specify: BLK à 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry then Elementery/Secondary (0-12) College (1-4or 5+) nd Mentel Hygiene. marked other than EDUCATION TEACHER 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be and Mentel Curtis BASKERVILLE 2 19a. Informani's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 sh Department of Health and Important: If Item 27 is m any injury or other traum EDGAR PANTON 3924 DUVAILAVE. BAGIO, MD. 21216 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 6/4/97 BACTIMURE, MD. GARRISON FOREST 4 □ Donation 5 □ Other (Specify) 22. Name and Address of Facility PHI (UDS FUNERAL HOME 21. Signature of Funeral Service Licensee 1721-27N. MONROE S. BAGIN. MD Sector CFSP 21217 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer failure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) monary Examiner Examiner be executed burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Box 68760. nocarcinoma Physician/Medicai the Due to (or as a consequence of) The law requires thet the death certificate 88 use P.O. I Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t Records. þ 24b. Were eutopsy findings evallable prior to page 2 should Completed 24a. Wes en eutopsy performed? completion of ceuse of deeth? 1 Yes 1 ☐ Yes 2 ☐ No of Vital 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 2 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation Division Natural 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - Al home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homleide within 24 hours a To the Funeral D completely filled To the Hospital 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as steted.
2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. Medicai 29b. Signature and tile of certify 29c. License number 29d. Dete signed (Month, Day, Year) 5-30-97 arson who completed cause of deeth (Item 23e) (Type, Print) 30. Name and address of Yaryland GENERAL Hospital

State

Registrar

31. Date filed (Month, Day, Yeer)

9

32. Registrar's Signature

July Davidson

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** JUNE 1 997 Mildred Pinheiro M 7:55 am /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY N/A 5. Social Sacurity Number If Undar 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Yaar) Birthplaca (Stata or Foraign Country) **Funeral** Days 1 M 20 F 212-16-2522 Yrs. Director 76 14,1921 Maryland Usual Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f ahow 7 is marked other than "natural", or items 23a or 28a-f ahov traumetic avent, the Modical Examiner must be notified at Maryland Baltimore
100. Street and Number
1707 Endiagraphic Halethorpe 1 ☐ Yas 212 No 10f. Zip Coda 10g. Citizan of What Country? 1707 Fairview Avenue 21227 United States Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 2 No If Yas, Giva Yaar or Datas: 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, permit. Peges 1 and 2 should be filed within 72 hours effer a Department of Health and Mentel Hygians. Important: If Item 271s marked other than "natural", or ther any Injury or other traumatic avent. The Mentel France Black, Whita, atc. 1 ☐ Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify. Specify: white þ 3 Midowed 4 ☐ Divorced Completed 15. Dacedant's Education (Specify only highest grade completed) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 12 homemaker own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Delbert D. Cox Anna Deurling 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Candy Price, Daughter 29 Cooperfield Court Phoenix, Maryland 21131 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1- Burial 2 ☐ Cramation 3 ☐ Ramovai from State Meadowridge Memorial 6/4/97 Dorsey, Maryland 4 ☐ Donation 5 ☐ Other (Spacify) 22. Nama and Addrass of Facility Ambrose Funeral Home, Inc. Arbutus 1328 Sulphur Spring Road 21227 tagas 23a. Part1. Inter the disease, or comblications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Death **Physician** Immediata Causa (Final disaasa or condition rasulting In daath) /Medical . Nonsmall (ell 2 yers Examiner Dua to (or as a consequence of): Examiner Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Physician/Medical Dua to (or as a consequence of) Box P.0. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy peeu 1 Yas 2 PINO 1 Yas 2 PNo or Attending Physician: 25. Was casa rafarrad to madical axaminar? Be 26. Placa of Daath (Check only ona) Hospital: 1 ☑Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Rasidanca 8 Othar (Specify) 1 Yas 2 BNO Certification: To 28a. Data of Injury (Month, Day Year) 27. Mannag of Daath 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? After 5 Panding invastigation 1 Natural death. 1 Tas 2 No blrector: A 2 Accidant 6 Could not be datarminad 3 Suicida 281. Location (Straat and Number or Rural Routa Number, City or Town, Stata) Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 4 - Homicida To the Hospital or within 24 hours eft To the Funeral Dis completely filled in 29a. Cartifian 1 🗹 cartifying Physician: To tha bast of my knowladga, daath occurred at tha lima, data and place, and dua to tha causa(s) and mannar es stated. Medicai (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29b. Signature and titla of cartifia 29c, Licansa number 29d. Data signed (Month, Day, Yaar) 30. Nama and addrass of person who complated cause of death (Itam 23a) (Type, Print) Freet Baltmane MD

State Registrar was and seems to the seems of the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2 Data of Death 1. Decedent's Nama (First, Middle, Last) 3. Tima of Death ETERSON Month GEORGE **Physician** 12:20 At Vome /Medical 4a. Facility Nama (If not institution, giva streat and number 4b. City. Town, or Location of Daath 4c. County of Death Examiner Battimore Hospita Decours 5. Social Sacurity Number 6 Sav 7. Aga (In yrs. last birthday) # Under 1 Year Months Days 9. Birthplaca (Stata or Foreign Country) **Funerai** 1 M 2□ F 68 Yrs. 241-40-0946 Usual Rasidance of Decedant Director 10a Stata 10b Counts 10c. City, Town or Location 10d. Insida City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f shov traumetic event, the Medical Examiner must be notified at Baltimere 1 Nes 2 No Director Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2/229 WI Was Dacedant Ever in U,S. Armed Forcas? 1 ☐ Yas 2 No 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amaricen indian, Biack, Whita, atc. 1 Navar Married 2 Married Black Baltimore, Maryland 21215-0020 If Yas, Giva Yaar or Datas 1 Yas 2 No Specify à Specify: 3 Widowad 4 Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16e. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Hygiene. Elemantary/Secondary (0-12) Collega (1-4or 5+) unknown permit. Pages 1 and 2 should be filed wi Department of Health and Mental Hygien, Important: If them 27 is marked other that any injury or other transmitted. onashoreman 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Horman SMITH 19a. Informant's Name/Relationship (Type, 19b. Mailing Address (Streat and Number of Rural Route Numbar, City or Town, Stata, Zip Coda) Geraldine Caton Are MD. 20b. Plece of Disposition (Nama of competery, cramatory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Burial 2 Cremation 3 Ramoval from Stata and showne, MD. Cemeters 4 Donation 5 Dothar (Specify) 22. Nama and Addrass of Facility Kevin 21. Signatura of Funaral Sarvica Licenses 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Daath Physician Immadiata Causa (Final disaasa or condition resulting in death) /Medical Examiner Sequantially list conditions, if eny, leading to immadiate causa. Enter Undarlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Lest Box 68760, Physician/Medical £ Dua to (or as a consequanca of): P.O. nificent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No Records, by Completed 24b. Were eutopsy findings available prior to 24a. Was an autopsy performed? complation of causa of death? 1 Yes 2 No Division of Vital Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Dispatient Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes Certification: To 2 DAG 2 ER/Outpatient 3 DOA 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? After Attending 5 ☐ Pending Investigation 1 TYes Accident Director: / ⊕ Could not be 3 ☐ Suicide 281. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) E after A 4 [] Homicide hours Certifying Phyalclan: To the best of my knowledge, daath occurred at the time, date and place, and due to the ceusa(s) and manner es stated.

Medicat Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifiar Medical (Check only onel 29b. Signatura and 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Name and address

DHMH 16 Rev 6/95

State Registrar

VILLE TERM STATE

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadent's Nama (First, Middle, Last) 2. Data of Death **Physician** May 30, 1997 Yaar 7:05 A.M. Joseph Dale Princinsky /Medical 4e. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Daath **Examiner** 5912 Willet Avenue Baltimore City N/A If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year)
Months Days Hours Min. March 2, 1919 5. Social Sacurity Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 1**X** M 2□ F 78 Yrs. Michigan 366-28-4547 Director Usual Rasidence of Dacedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show item 27 is marked other than "natural", or items 23e or 28a-f show other traumatic event, the Mud cal Examiner insist be notified at 1 Yas 2 □ No Director Maryland N/A Baltimore City 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 5912 Willet Avenue 21206 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Bleck, Whita, atc. 1 and 2 should be thed within 72 hours effer of Health and Mental Hygens. 8m 27 Is merked other than "natural", or item Armed Forces of 187 yes 2 No 1/3/39-1748, Siva 11/3/39-168. 1 ☐ Naver Marriad 2 ☐ Married 1 ☐ Yes 2 No by Specify: 3Ñ Widowed 4 ☐ Divorced White 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highest grada completed) 16b. Kind of Businass/Industry Store Carpentry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Carpenter 11th Grade Department 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Frederick Baldwin John Princinsky Laura Unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) permit. Peges 1 end 2 Department of Health ar Important: If Item 27 is any Injury or other trau William Princinsky/Son 655 Kildonan Court, Bel Air, Maryland 21015 20b. Place of Disposition (Nama of camatary, cramatory or other place) 6/2/97 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Gardens of Faith Cemetery Baltimore, Maryland 21. Signature of Funeral Sarvica Licansas 22. Nama end Addrass of Facility John C. Miller, Inc. 6415 Belair Road, Baltimore, Maryland 21206 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween **Physician** /Medical Immediata Causa (Final PANCREATIC CANCER 9 MONTHS disaasa or condition rasulting in death) Examiner Dua to (or as a consaquanca of). Physician/Medical Examiner that the death certificate be executed Sequantially list conditions, if eny, laading to immadiate causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants resulting in daeth) Last pue Dua to (or as a consequanca of): physician er Dua to (or as a consequence of): ettending p for use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown by Completed 24b. Wara autopsy findings availabla prior to completion of cause of daath? 24a. Was an autopsy parformed? 1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☐ No certificate or Attending Physicien: 25. Was casa rafarrad to medical axeminar? Be 26. Placa of Death (Check only ona) Othar: 4 ☐ Nursing Homa 5 🗹 Rasidance 6 ☐ Othar (Specify) 1 Yas 2 No Medical Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA this 28a. Data of Injury (Month, Day Yaar) 27. Manner of Death 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury et Work? After 1 Natural 5 Panding death. 1 ☐ Yas 2 ☐ No Director: / 2 Accidant

invastigation

6 Could not be datarmined

28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify)

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

(Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certiflar

3 Sulcida

29a. Cartifiar

4 Homicida

29c. Licansa number

1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and manner as stated.

29d. Date signed (Month, Day, Year)

Elisabeth Algarms ONIDION FELLOW

P0050753

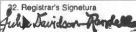
MAY 30, 1997

30. Nama and addrass of person who complated causa of death (Itam 23a) (Typa, Print)

ELISABETH ILJAS ND 600 NORTH WOLFE STREET BALTIMORE, MD ZIZ87

31. Data filed (Month, Day, Year)

JUN 0 3 1997



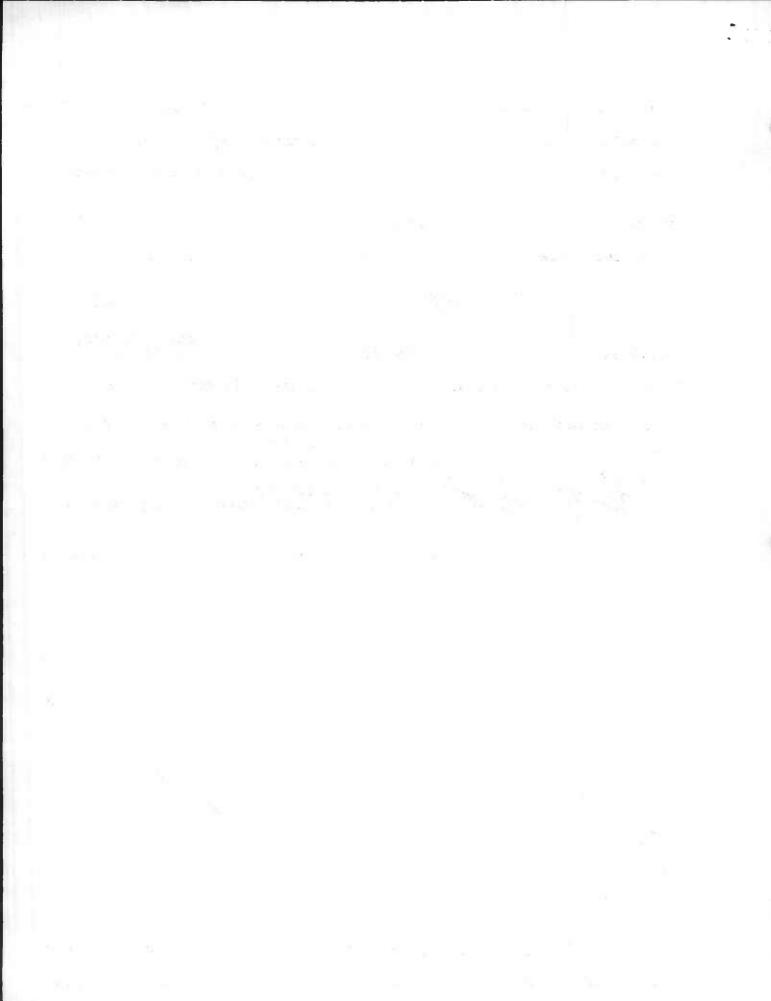
State Registrar

Baltimore, Maryland 21215-0020

P.O. Box 68760.

Division of Vital Records,

hin 24 hours o... o the Funeral Dire



Mar. 1. 199

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

| Physician |
|-----------|
| /Medical |
| Examiner |

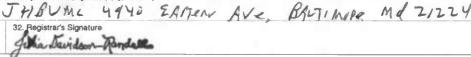
76 Admiral Boulevard Baltimore 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. 8. Data of Birth (Month, Day, Yaar) April 4, 1955 7. Aga (In yrs. last birthday) **Funeral** 1□ M 219 F Months Days Hours 220-66-0824 42 Yrs. Director Usuel Rasidance of Dacedani 10a State 10h County 10c. City, Town or Location "natural", or items 23s or 28s-f show Maryland Baltimore County Director Baltimore the 10e. Straat and Number 10f. Zip Coda with 76 Admiral Boulevard 21222 U.S.A. Funerai death 12. Was Decedent Ever in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Spacify Yes or No-It Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11 Maritel Status filed within 72 hours after 1 Yes 2 No If Yes, Giva Yaar or Datas: 1 □ Nevar Married 2 □ Married 21215-0020 1 ☐ Yes 2 ☑ No Specify: Completed by Specify: 3 ☐ Widowad 4 N Divorced 15. Decedent's Education (Specify only highest grada complated) the Medical 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) nd Mental Hygiene. marked other than Elementery/Secondery (0-12) Collega (1-4or 5+) Police Officer 12th Grade Baltimore, Maryland 17. Fathar's Neme (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Pages 1 and 2 should be fill ment of Health and Mental H ant: If item 27 is merked oth Be Carl Leroy Creel Eleanor Elizabeth 19a. Informant's Name/Ralationship (Type, Print) nt of Health a : If item 27 is or other tra Barbara J. Wlodarski/Sister 20b. Plece of Disposition (Name of cematary, cramatory or other place)
Oak Lawn Cemetery 20a. Mathod of Disposition 1 Burial 2 □ Cramation 3 □ Removal from Stata permit. Pege Department of Important: If any injury or once. 6/6/97 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funerel Sarvice Licensaa John C. Miller, Inc. 23a. Part1. Entaine disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart tellura. List only one ceuse on each line. **Physician** /Medical Immediata Cause (Final Bladden Career diseasa or condition resulting in deeth) Examiner Dua to (or as a consequence ot) Examiner that the death certificate be executed Sequantially list conditions, if eny, laading to immadiata ceusa. Entar Undarlying Ceusa (Disaasa or Injury that Initiatad avants rasulting In daath) Last Due to (or as a consaguance of) Box 68760. Physician/Medicai the Dua to (or es a consaquance of): 88 P.O. Part li. Other significent conditions contributing to death but not rasulting in the underlying ceusa given in Part I. signed by the Records. A The law requires Completed 24a. Was an autopsy performed? page 2 certificate 1 Yas 2 No of Vital or Attending Physician: director. 25. Was case retarred to medical Be 26. Place of Deeth (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 70 1 Yas 20 No this. 27. Manner ot Death Certification: 28d. Dascribe how Injury occurred 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? After Division 5 Pending Invastigation 1 Alatural death. 1 ☐ Yas 2 ☐ No 2 Accidant efter death illed in by the 3 Suicide 6 Could not ba 28f. Location (Straat and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, tactory, office building, atc. (Specify) 4 Homicida Hospital 24 hours 29a. Cartifiar Medicai 12*Certifying Physician: To the best of my knowledga, daath occurred et tha time, data and place, and dua to the cause(s) and mannar as stated. 2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred et the time, data end place, and due to the ceusa(s) and mannar stated. To the To the 29b. Signature and title of certitian 29c. Licanse numbar 29d. Data signed (Month, Day, Yaar) 30. Nama and eddrass of person who completed cause of death (Itah 23a) (Type, Print)

1. Decedant's Nema (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Yaar June 1, 1997 9:00 A.M. Audrey Elizabeth Porter 4e. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Baltimore County 9. Birthplace (Stata or Foraign Maryland 10d. insida City Limits 1 ☐ Yas 2 X No 10g. Citizan ot What Country? 14. Race - American Indian, Black, Whita, atc. White 16b. Kind ot Businass/Industry Baltimore City Yoder 19b. Mailing Addrass (Street and Numbar or Rural Route Number, City or Town, Stata, Zip Code) 5716 Cedella Avenue, Baltimore, Maryland 21206 20c. Location - City or Town, Steta Baltimore, Maryland 6415 Belair Road, Baltimore, Maryland 21206 Onsat and Death 23b. Did tobecco use contribute to the cause of death? 1 | Yes 2 2 No 3 | Probably 4 | Unknown 24b. Wara autopsy findings availabla prior to complation of ceuse of death? 1 ☐ Yas 2 ☐ No Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify)

State

MILMARL 31. Data tiled (Month, Day, Yaar) JUN 0 3 1997

PURTON



Registrar

two are as all twittigening

| | | Decedent's Name (First, Middle, La | | arylan | | | | Death | 2. Dete of De | Reg. No. | 9/ | 16792 |
|---|------------------|---|--|-------------------------|---|------------------------|---|--|--|---------------------------|---|--|
| Physicia /Medica | | Rose | Romanel | | | | | | Month May | 29, | 1997 | 6:30 PM |
| Examine | er | 4e. Facility Neme (If not institution, gh Franklin Square | | | ter | | 4 | 4b. City, Town, or Location of Death Rosedale 4c. County of Death Baltimore | | | | ore |
| Funeral Director | | 5. Social Security Number 6. 9 | Sax 7. A | | last birthday) Yrs. | If Unda Months | ar 1 Year Deys | If Undar 24 Hrs Hours Min. | | th ay, Year) 4, 190 | 9. Birth Coul Mary | pieca (Stata or Foreigr htty) Land |
| enyland show | 1 | Usuel Residence of Decedent 10e. Stete 10b. County | | 10c. Cit | y, Town or Loc | | | | | | | I Od. Inside City Limits |
| the Men 28a-f sh | ctor | Maryland Baltimo | re | | | | Balt | imore | | | | 1 ☐ Yes 2 No |
| 23e or 2 | Funeral Director | 1 Steve Way | | 10f. Zip Code 2 1 2 3 6 | | | | | | 10g. Citi | U.S.A. | ntry? |
| 5-0020 72 hours efter deeth with the Meryland natural', or items 23a or 28a-f show seel Enamine must be notified at | 6 | 11. Meritel Status 1 ☐ Navar Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced | 12. Wes Decedant Armed Forces 1 Yas 2 If Yes, Give Year or Detes: | Evar In U No | ,S. 13. W | | edent of Hi ecify Cuba 2 X No | ispenic Orlgin? (S n, Mexican, Puerl Specify: | pecify Yas or No o Rican, etc.) |)- | 14. Rece - Amaric Black, White, Specify: Wh | |
| 2121 I within liene. than : | Completed | 15. Decedent's E (Specify only highest gn Elementery/Secondery (0-12) 6th grade | ducation ade completed) Collega (1-4or | 5+) | 16e. Decedi (Giva k life. D | ond of w | ual Occupi ork done d use retired | etion during most of wor) | rking | | artment. | |
| be filed tal Hygid d other event, tr | ge | 17. Father's Neme (First, Middle, Last | | | | | | 18. Mothar's Nar | na (First, Middle | | | |
| hould Mer marks | 2 | John Kac 19e. Informent's Neme/Relationship (| ala Tuna Print) | | 19h Mailin | Addres | e /Stmat | MATY and Number or Ru | rei Porte Numb | | Golen | Code |
| Ma Ind 2 s elth an 27 in r trau | | Rosemarie Reese | | r) | | | | Baltimo | | 2123 | | Code) |
| Baltimore, Maryland permit. Pages 1 and 2 should be filed Department of Heelth and Mental thy important: if hem 27 is marked other any injury or other traumatic event, once. | | 20e. Method of Disposition 1. | | | Placa of Dispos emetery, crem Stani | | | e) metery | Dete 6/2/97 | | cation - City or To | own, State Maryland |
| Balti permit. Departm importa any inju | | 21. Signatura of Funeral Service Licer | nsee | | 22. S | Nama a | nd Addres | ss of Facility Funeral ir Rd., | Homes, | Inc. | MD 2123 | 6 |
| icate be physicial to but so the but | edical Examiner | Immediete Causa (Final diseasa or condition resulting In deeth) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest | b | Due to (o | or es a consequer as a consequer | ience of | : | diovas | ulon | DISA | Case | |
| BOX eath certif | arvm | | d | | | | | | | | 1 | |
| by the ached | Physicianim | Pert it. Other significant conditions of | ontributing to death b | out not resi | ulting In the un | derlying | cause give | en In Pert I. | | tobacco Yss 2 | | the cause of death? |
| 0 8 5 8 | completed by | | | | | | | | 24a. Wes | en autop ormed? | ev | ara autopsy findings allable prior to impletion of cause deeth? |
| | 5 | | | | | | | | 10 | Yas 2 | No 10 | ☐Yes 2☐No |
| Test Se lici | 000 | 25. Was case referred to medical examiner? | Hospital: | | / | | Othe | 26. Place of Dec | | | | |
| aling Phys | ation: 10 | 27. Menner of Death 1 Traturel 5 Pending 2 Accident Investigation | 28a. Dete of Inju (Month, Da | | ER/Outpatient 28b. Time of Injury | | 28c. Injury et Work? | | Home 5 ☐ Rasidence 6 ☐ Other (Specify) 28d. Describe how Injury occurred | | 57) | |
| 2 PH 2 | | 3 ☐ Sulcide 4 ☐ HomIcide 6 ☐ Could not be determined | 286. Pieca of in | | | | | 7 1 | 28f. Location (Street and Number or Rural Route Nu City or Town, State) | | | al Route Number, |
| To the Hospital within 24 hours to the Funeral completely filled | Colo | 29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam | ysician: To the best ninar: On the basis o end mannar st | f axaminat | wledge, death tion and/or inve | occurred estigetion | et the tim | e, date end pleca pinion, death occu | , end due to the rred et the time, | ceuse(s) date end | and menner as s plece, and due to | tated. the cause(s) |
| To the within To the comple | - | 29b. Signature and little of certifier | one mainial St | 0.00. | | Ď | c. Licanse | number 3 | | 29d. Det | a signed (Month, | Day, Year) |
| 6 | | 30. Name and address of person who | completed cause of a | leeth (Item | 23e) (Type, P | rint) | | 2125 | Dr. Edi | ward | Miller | |
| State Registra | | 31. Data filed (Month, Day, Year) | 2. Registr | ar's Signa | - Aandelle | 1 | | | | | | |

.ex 5

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death Day 1997 Month **Physician** Joseph May 31, Marion Roszko /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Good Samaritan Hospital Baltimore City If Under 1 Year If Undar 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** Months Days Hours 10℃ M 2□ F Yrs Director 214-22-6395 69 8/10/27 MARYLAND Usuel Rasidanca of Dacedant the Manyland 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Maulcal Examinar must be notified as 1 Yas 2 No Director MARYLAND BALTIMORE PARKVILLE 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? with 1842 TRENLEIGH ROAD 21234 USA death Funera 12. Was Decedant Ever In U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-it Yes, specify Cuban, Maxican, Puarto Rican, atc.) 11. Maritel Status 14. Race - Amarican Indian, Black, White, etc. 1 and 2 should be filed within 72 hours effer Heelth and Mental Hygiene. em 27 is merked other than "naturel", or ite 1 Yas 2 No If Yas, Giva Yaer or Detes: WW II 1 Naver Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2X No Specify: by 3 ☐ Widowad 4 ☐ Divorced WHITE Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry SOCIAL SECURITY Elemantery/Secondary (0-12) Collega (1-4or 5+) COMPUTER ANALYST ADMINISTRATION 9TH GRADE 17. Fathar's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be VINCENT ROSZKO 2 LAURA MICHALSKI 19a. Intormant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) permit. Pages 1 and 2:
Depertment of Heelth ar
Important: if Item 27 is
eny injury or other trau HELEN ROSZKO WIFE 1842 TRENLEIGH ROAD BALTIMORE, MD 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta 1 Burial 2 Cramation 3 Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Specify) 6/4/97 Baltimore, MD PARKWOOD CEMETERY 21. Signature of Funaral Sarvica Licansae 22. Name end Addrass of Facility Johnson Funeral Home mistera 8521 Loch Raven Blvd., Towson, MD 21286 23e. Pert1. Entar tha disaase, or complications that causad the leath. Do not anter tha mode of dying, such es cardiec or raspiratory arrest, shock, or heart tailure. List only one causa on each line. Approximate Intarval Between Onset and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) Examiner e to (or as a consequenca of) Examiner CSGJEQ 1050 12, the death certificate be executed Sequantially list conditions, if eny, laading to immadiata cause. Enter Underlying Cause (Disaasa or Injury that initiated avants rasuiting in death) Last Due to (or as a consaquence of): physician ar s the buriel-to P.O. Box 68760. Physician/Medicai Dua to (or es a consequance of): 98 for use es ed by the e Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown ires thet signed t rds, l p 24b. Were autopsy tindings available prior to complation of causa of death? Completed 24a. Was en autopsy page 2 s 1 Yes 1 ☐ Yas 2 ☐ No director 25. Was case referred to medical Be 26. Placa of Deeth (Check only) examiner? Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa Certification: To 5 Desidence 6 □Other (Specify) Division of funerai 28a. Data of Injury (Month, Day Year) 27. Mannar of Beath 28d. Dascribe how Injury occurred or Attending P setter death.
I Director: After the din by the funers 28b. Time of 28c. Injury at Work? 1 DNatural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accident 6 Could not ba detarmined 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 3 Sulcida 28a. Place of Injury - At homa, farm, streat, tactory, offica building, atc. (Specify) 4 Homleida • Funeral Di Hospital 1 Cordifying Phyalcian: To the best of my knowledga, death occurred at the tima, data and place, and dua to the causa(s) and maintain as stated.

2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, daeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifiar Medicai To the Hosp within 24 ho To the Fune completely f (Check only one) 29b. Signatura and titl 29d. Data signed (Month, Day, Year) 80 causa of daath (Item 23a) (Type, Print) imi 2127 Tia Babaloure A State Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month Dey **Physician** Robinson Gladis 1325 1997 22 /Medical 4e. Fecility Name (I not institution, give street end number) 4b. City, Town, or Location Deeth 4c. County of Deet **Examiner** SINAL BALTIMORE N HOSPITAL If Under 24 Hrs Hours Min Sociel Security Number 6 Se 7. Age (In yrs. last birthdey) If Under 1 Yeer Bi hplece (State or Foreign Country) **Funeral** Months Deys 1 M 2 F 212 - 03 - 1202 Usuel Residence of Decedent 85 Yrs Director the Marylend 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f ehor traumatic event, the Modical Examinar must be notified at NIA Baltimore 1 ☐ Yes 2 ☐ No MD Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Pages 1 end 2 should be filed within 72 hours efter deeth with to ent of Health end Mentel Hygiene. Int: If Item 27 is marked other than "natural", or items 23a or : 14. Raca - American Indien, Black, White, etc. 2000 UDELL Funeral Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Stetus 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by 3 ☑ Widowed 4 ☐ Divorced BLACK Completed Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) NIA Domestic 9 TH GRADE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) +OSSETI MALLIAM LVERTA 2 **IHOMAS** 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Rp., Dete BENNETI BALTO MD. AUGHTER other 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete permit. Pages Department of Important: If it any injury or o 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from Stete 28 97 NEWLONDON, 4 ☐ Donetion 5 ☐ Other (Specify) DORSEY 21. Signeture of Funeral Burvice Licensee 22. Name end Address of Fecility
VAUGHN C. GREENE FUNERAL SERVICE 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one ceuse on each line. BALTO, MD Physician /Medical Immediete Ceuse (Finat diseese or condition resulting in death) Cardiom to path leavs Examiner COVONON anten Exami Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or trijury that initieted events resulting in death) Lest Due to (or es a consequence of): ettending physician for use es the buria Physician/Medical e qu Due to (or es e consequenca of): Division of Vital Records, P.O. Box 687 signed by the e Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown acute renal failure by 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? Completed peed ascites hes After this certificete 1 Yes No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No N⊠Inpatient 2□ ER/Outpetient 3□ DOA funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Neturet death. 1 ☐ Yes 2 ☐ No To the Hospital or Attendition within 24 hours efter death.

To the Funeral Director: A completely filled in by the fu 2 Accident 3 Suicide 6 Could not be 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide edical 29a. Certitier 1 Certifying Phyelclen: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) end menner steted. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 037573 May 22, 1997 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) 7220 Park Heights Ave Jef Zibell MP Baltinone MO 20215

State Registrar 31. Dete filed (Month, Dey, Year)

JUN 0 3 1997

32. Registrer's Signeture

wandson-Randelle

DHMH 16 Rev 6/95

A STATE OF THE STA 1100 Were a real for X and _ 5 away out a manager of Market and need a consected surface or make a

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Irene Rawlings 6:30 P.M. May 20 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** Bon Secour Hospital Baltimore Baltimore City | Months | Deys | Hours | Min. | 8. Date of Birth (Month, Dey, Yeer) | Dec. 25, 1 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 25 F 216-07-3728 Yrs. Director unknown 84 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Madical Examiner must be notified at Maryland Baltimore City Baltimore 1X Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ŏ Негля 23в 1217 West Fayette Street 21223 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? unknown 1 □ Yes 2 □ No If Yes, Give Year or Dates: 11. Meritel Stetus unknown Was Decadent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Never Merried 2 ☐ Married "natural", or 1 ☐ Yes 2 ☑ No Specify: by Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decadent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry marked other than Elementary/Secondery (0-12) College (1-4or 5+) Hygiene. unknown unknown unknown unknown 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Peges 1 end 2 should be nent of Health end Mental unknown ပ unknown 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 89 unknown Deportment of Health important: If Item 27 20b. Pleca of Disposition (Neme of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 1 n — S tate 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 | Baltimore, Maryland 21201 Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in deeth) **Examiner** Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest physician s the buriel Physician/Medical signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? s certificate hes t director, page 2 s Hospital or Attending Physician: 24 hours efter death.
Funeral Director: After this certifica stelly filled in by the funeral director, p Be 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) 1 ☐ Yes 2 No 27. Menner of Deeth Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 X inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Natural 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No NIA investigation NIA 3 Suicide 6 ☐ Could not be determined Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Piece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide N 24 hours el Funeral D letely filled I Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) and manner es stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end plece, end due to the cause(s) end menner stated. Medical within 24 hour To the Funer completely file 29a. Certifier 29b. Signeture and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) of deeth (Item 23a) (Type, Prism)
M.D. JOT East Fort Avenue

State Registrar 31. Dete filed (Month, Dey, Year)

32. Registrer's Signature Duidson

Rawl

Maryland

Baltimore,

The law requires that the death certificate be executed

Box 68760,

Division of Vital Records, P.O.

Physician /Medica Examine

Funeral Director

permit. Pegas 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28s-f ehow eny injury or other traumatic event, the Medical Examinat must be notified at once.

Physiclan /Medical Examiner

Baltimore, Maryland 21215-0020

| LO | | Type or Prin State of Ma | | | | | | | | egibl | e. | |
|--------------------------------|---|---|------------------------------|---|---------------------------------------|--|----------------------|--|--------------------------|-------------|-------------------------------------|--|
| | | Otate of Ivia | - | Certifica | | | IIG IV | Ciliaiiiy | | 9 | 7 1 | 6796 |
| | 1. Decedent's Nama (First, Middla, Las | t) | | 201111101 | 210 01 | Douin | | 2. Data of De | Reg. No. | | 3. | Time f th |
| an | Alfred Ro | obinson | | | | | | Month MAY | 10, 19 | 997 Y | ear | 6:10 P |
| al er | 4a. Fecility Nama (If not institution, giva | | - 10 | | | 4b. City, Tow | m, or Loc | | | ounty of I | | 4.10 1 |
| 61 | 1927 MCCULLOUG | GH ST. | | | | BALT | TMO | RE | | | | |
| | 5. Social Sacurity Number 8. Sa | | (In yrs. last birth | Montl | der 1 Year ns Deys | If Undar 2 | | 8. Data of Bir (Month, Da Aug. 4 | | | Birthpleca Country) | (Stata or Foraig |
| | Usual Rasidence of Decedant 10a, Stata 10b, County | | 10-03-7 | | | | | | | | | |
| ctor | Maryland 10b. County | | /Balt | imore | | | | | | | | nsida City Limits |
| al Dire | 10e. Street and Number 1927 McCullough | Street | | | Zip Coda 21201 | | | | 10g. Citiza UNKN | | t Country? | |
| Completed by Funeral Director | 11. Maritel Status UNKNOWN 1 Nevar Married 2 Married 3 Widowed 4 Divorced | 12. Was Decedant E Armed Forcas? 1 Yes 2 No If Yes, Give Yeer or Datas: | unknown | If Yas, s | cedant of I pecify Cub | Hispenic Origi an, Maxican, Specify: | in? (Spe Puerto F | cify Yes or No Rican, atc.) | | Bleck, \ | American In Whita, etc. Black | dian, |
| pieted | 15. Decedent's Edi (Specify only highast grad Elamentery/Secondary (0-12) | da complated) | | ecedant's U Giva kind of ifa. DO NO | sual Occu work dona Tusa ratire | pation during most of | of workin | g | 16b. Kind | d of Busin | ass/Industr | 1 |
| EO | unknown | College (1-4or 54 unknown | -) | unl | known | | | | unk | nown | | |
| To Be C | 17. Fathar's Name (First, Middla, Last) unknown | | | | | | s Nama nown | (First, Middle | , Maidan S | umame) | | |
| _ | 19a. Informant's Name/Ralationship (T) unknown | ype, Print) | | Mailing Addr nknowi | | and Number | or Rurai | Routa Numb | er, City or | Town, Sta | ita, Zip Cod | 9) |
| | 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ F 4 ☐ Donation 5 ☑ Other (Specify, | Removel from State | 20b. Place of D cematary, | oisposition (/ crematory o | Vama of or othar ple | ce) | I I I | Data | 20c. Loca | ation - Cit | y or Town, S | Stata |
| - | 23a Pan1. Entar tha disaase, or comp shock, or heart failure. List only o Immediata Cause (Finel disaasa or condition rasulting in daeth) | a ATTZVOSC | 9. | t antar the m | ist d | , Mary ng, such es co | erdiac or | respiretory e | | recta | Ons | roximate val Batween at and Deeth |
| Examiner | Sequantially list conditions, if any, laading to immadiata | b | ua to (or as a co | nsequance | of): | | - | | | | 1 | |
| Medical | Cause (Disasa or injury thet initiated avants rasulting in daath) Last | c | ue to (or es e cor | nsequanca o | f): | | | | | | | |
| completed by Physician/Medical | Part II. Other eignificant conditions con | ntributing to death but | not rasulting in t | ha undariyin | g causa gi | van in Part I. | | | tobacco u | | bute to the | causa of death |
| pieted D | | | | | | | | | en eutops: ormed? | y 2 | available | utopsy findings a prior to ion of ceusa ? |
| 0 | | | | | | | | 10 | Yes 2 | No | 1 🗆 Yas | 2□ No |
| De C | 25. Was cesa rafarrad to medicel | | | | | 26. Place o | of Deeth | (Check only | ona) | 741 | | |
| 0 | examiner? }{}}{Yes 2□ No | Hospitel: 1 Inpatian | t 2 ER/Outp | atient 3 | DOA Of | Jar. | | a 5∕⊡√Rasi | | Othar (| Specify) | |
| HOU: | 27. Mannar of Death 1 Natural 5 Pending 2 Accidant Investigation | 28e. Data of Injury (Month, Day | 28b. Tin | na of | 28c. Inju Wo 1 | ry at | 2 | 8d. Describe | | | | |
| entitics | 3 Suicida 6 Could not be 4 Homicida datarmined | 28a. Place of Injur building, etc. | | , straat, fact | ory, office | | 2 | 8f. Location (City or To | Street and wn, Stata) | Number o | or Rural Rou | ta Number, |
| edical Certification: | | alcian: To the best of nar: On the basis of a end mannar state | xamination and/o | | | | | | | | | ceuse(s) |
| Σ | 29b. Signature and file of estiller | | | 13 | 9c. Licens | ue number | | T | 29d. Data | signed (A | Aonth Day | Year) |

Division of Vital Records, P.O. Box 68760 To the Hospital or Attending Physician: The law requires that the death within 24 hours affer death.

To the Funeral Director: After this cartificate has been signed by the attent completally filled in by the funeral director, page 2 should be detached for a

> 30. Nema and addrass of person who complated ceusa of deeth (Item 23e) (Type, Print) 31. Data filed (Month, Day, Yaar)

111 Penn Street, Baltimore, Maryland 21201

MAY 11,1997

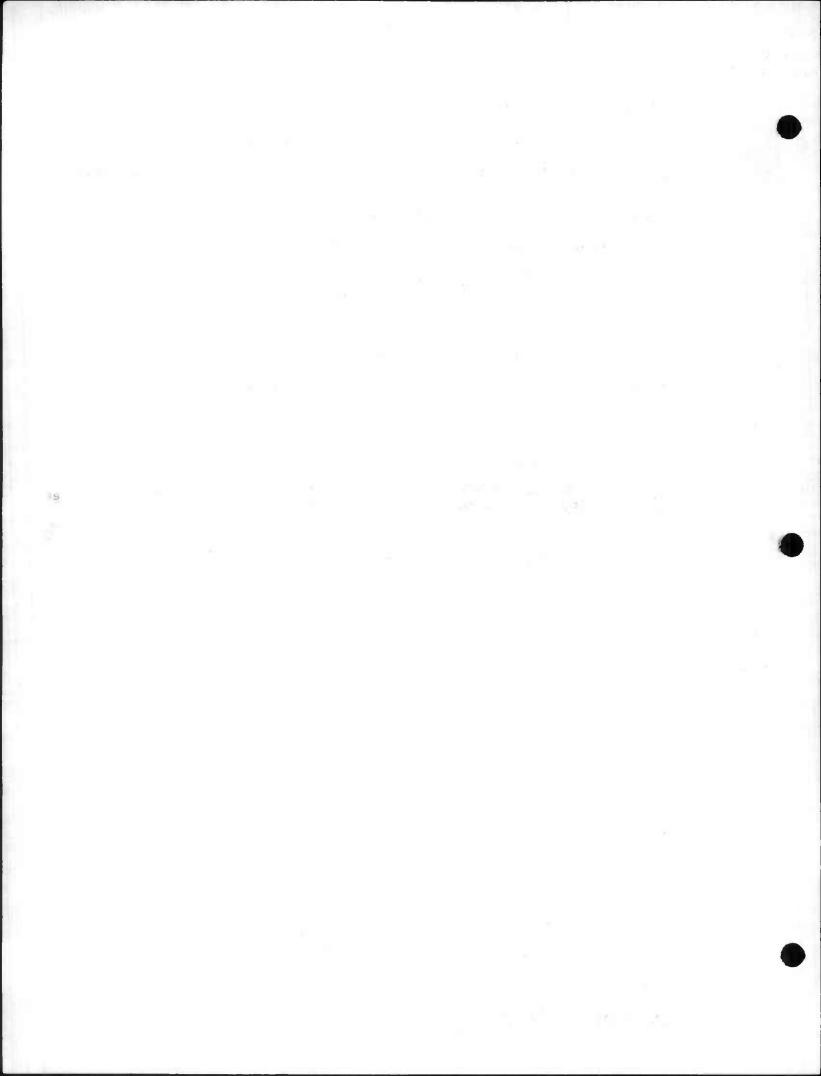
OCME

JUN 03 1997

32. Registrar's Signatura

Registrar DHMH 16 Rev 6/95

State



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM: 29c per F.R G-748 6-3-97 eoh Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Deeth 2. Date of Death **Physician** Month /Medical 4a. Fecility Neme (If not institution, give street and number) 4h City Town or Location of Death **Examiner** d Sama If Under 24 Hrs 5. Social Security Number If Under 1 Age (In yrs. last birthdey) Year 9. Birthplace (Stete or F Funeral Months Days Hours 82 160-12-4263 Usual Residence of Decedent Director death with the Maryland 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1□ Yes 2 No Director 10e. Street and Number 10g. Citizen of What Country? ò 5 "natural", or items 23a ZELEA U.5.A by Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Dates: Rece - American Indian Biack, White, etc. 11. Marital Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) pernit. Peges 1 and 2 should be filed within 72 hours after Depertment of Health and Mental Hygiene. Important: if itsm 27 is marked other than "natural", or its may fujury or other traumatic event, are Mentral Examina and. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No 3 Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life_DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 12 17. Father's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) in 20b. Placa of Disposition (Name of cemetery, cremetory or other Method of Disposition 20c. Location - City or Town, State Buriai 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) na of Punerai Servica Lipansee 23a. Part1. Enter the disease, or emplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory shock, or heart failure. List only one cause on each line. Approximete Interval Betw Onset end D **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or es e consequenca of) Physician/Medical Examiner attending physicien and for use es the burial-transit the Hospital or Attanding Physician: The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) P.O. Box 68760, Due to (or es a consequenca of): Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by 2 3 Probably 4 Unknown Records, Be Completed by 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? pege 2 : 1 ☐ Yes 2 ☐ No After this certificete Division of Vital 25. Was case referred to medical 28. Place of Death (Check only one) examiner Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 ER/Outpetient 3 DOA within 24 hours effer deeth. To the Funeral Diractor: After this completely filled in by the funeral of 28c. Injury at Work? 27. Menner of Reath 28d. Describe how injury occurred 28b. Time of 5 Pending 1 Maturei 1 Yes 2 No € Accident Investigetion 6 Could not be determined 3 Sulcide Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide Secrifying Physician: To the best of my knowledge, death occurred at the time, dete and piaca, and due to the ceuse(s) end manner as stated. 2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, death occurred at the time, date and piaca, and due to the cause(s) and manner stated. Medical 29e. Certifier

29c. License number

PO 9324

29d. Date signed (Month, Dey, Yeer)

26

State Registrar

(Check only

we and title of ceaffin

29b. Signal

31. Date filed (Month, Day, Year) 32. Registrar's Signature JUN 0 3 1997

d address of person who completed cause of death (Item 23a) (Type, Print)

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

| 0.001.41 | | | | 4 | _ |
|--------------------------------|----------|-----|----|-----|---|
| cate of Death | Reg. No. | 31 | 16 | 19 | 1 |
| herit of Fleatti and Merital H | ygiene | 0.7 | 10 | -10 | |

Day

1997

4c. County of Death

10g. Citizen of Whet Country?

| Physician |
|-----------|
| /Medical |
| Examiner |

1. Decedent's Name (First, Middle, Last) 4a. Facility Name (If not institution, give street end number,

SMITH SR

BALTIMORE

Month 28, 4b. City, Town, or Location of Death

18. Mother's Name (First, Middle, Maiden Sumame)

11:02AM

10d. Inside City Limits

1 No 2 No

Funeral

with the Maryland 23a or 28a-f show or items

Directo

Funeral

by

Completed

Be

2

5. Social Security Number 6. Sex M 2DF 223-40-8687 Usuai Residanca of Decedant 10a. State 10b. County MO

Yrs. 10c. City, Town or Location

7. Age (In yrs. last birthday) If Under 1 Year Months Days If Under 24 Hrs. Hours

BALTIMORE

Birthplace (Stete or Foreign Country)

Director

other traumatic event, the Medical Examiner must be notified at filed within 72 hours after "natural". than permit. Pages 1 and 2 should be filed w
Department of Health end Mental Hygien
Important: If term 27 is marked other the

Physician

/Medicai

Examiner

physicien

by

Completed

Be

To

Certification:

Medical

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

Attending Physician: The law requires that the deeth certificate be

After

Director:

far death.

10e. Street and Number

12. Was Decedent Ever in U,S. Armed Forces? 1 Dyes 2 No tf Yes, Give Year or Dates: UNK;

13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☐ 10

14. Race - American Indian, Blac

15. Decedent's Education (Specify only highest grade completed) Elamantary/Sacondary (0-12)

1 Never Married 2 Married

3 ☐ Widowed 4 Doivorced

11. Marital Status

UNIVERSITY

Coltega (1-4or 5+)

HOSPITAL S.T.U

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) RIVER

16b. Kind of Business/Industry

17. Father's Neme (First, Middle, Last)

RNellus 19a. Informant's Name/Relationship (Type, Print)

19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)

20a. Method of Disposition Burial 2 Cremation 3 Removal from State 4 Donation 5 ☐ Other (Specify)

20b. Pleca of Disposition (Neme of

20c. Location - City or Town, State

21. Signature of Funeral Service Licenses

638 N

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one cause on each line.

GILMOR ST BALTIMORE. 4021217 Approximate Interval Batween Onset and Death

immediate Cause (Final disease or condition resulting in daath)

Multiple Gunshot wounds Dua to (or as a consequence of):

Examiner Sequentially list conditions, if any, leeding to Immediate cause. Entar Underlying Cause (Disease or injury that initiated events resulting in death) Lest Physician/Medical

Due to (or as e consequença of):

Due to (or es e consequence of)

Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i.

23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to comptation of cause of death?

1X Yas 2 No 1 Yes 2 No

25. Was case referred to medical examiner? XXYes 2□ No

5 Pending

Investigation

6 Could not be determined

27. Mannar of Death

1 Naturel

2 Accident

3 Suicide 4 Homicide Hospitai: 1 ☐ Inpatient XXER/Outpatient 3 ☐ DOA 28e, Date of Injury (Month, Day Yeer)

28b. Time of injury 1023 AM 5-38-97 1033 AM 1028a. Place of injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

26. Placa of Death (Check only one)

Subject was Shot 281. Location (Street and Number or Ryral Route Number, City or Town, State) 1000 Black North Care

29a. Certifier (Check only one) Street

| Certifying Physicien: To the best of my knowledge, death occurred at the time, data and place, end due to the ceuse(s) and mennar as stated.
| XX | Medical Examinar: On the basis of examination and/or Investigation, in my opinion, daath occurred at the time, date and place, and due to the ceuse(s) end manner stated.

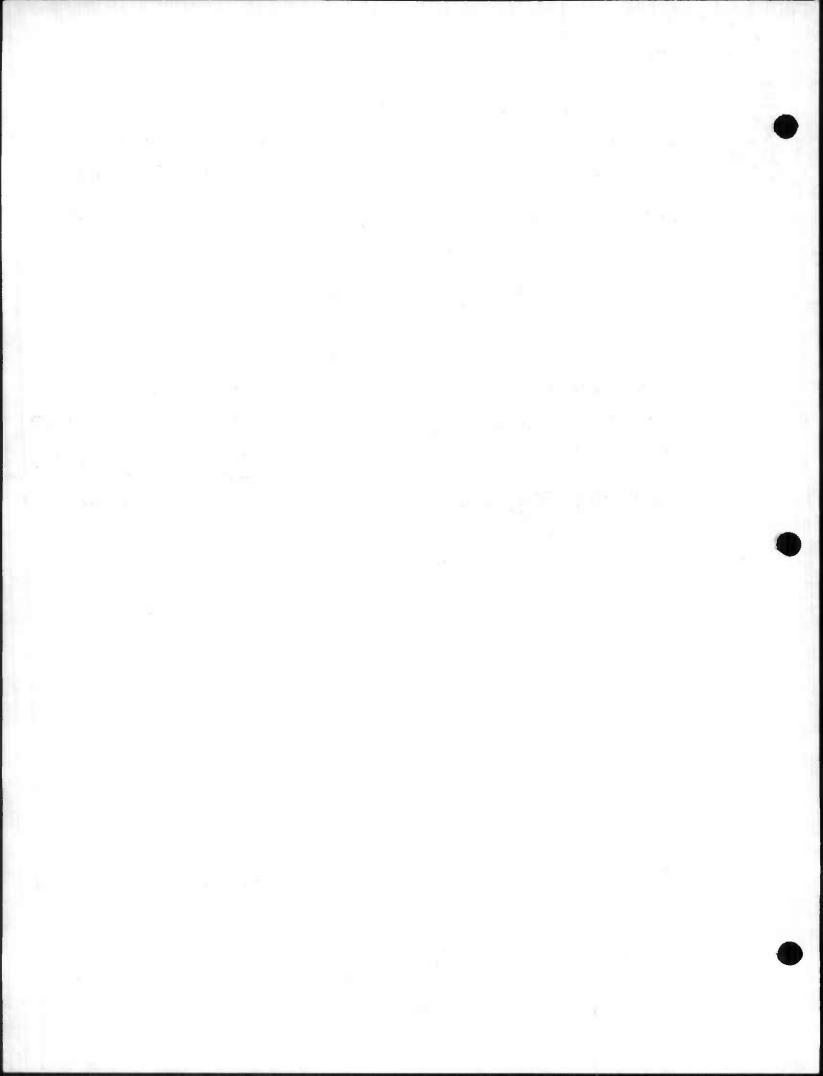
29b. Signetura and title of certifier

29c. License number O.C.M.E 29d. Date signed (Month, Day, Yeer) MAY 29, 1997

30. Nama and address of person who completed cause of death (Item 23a) (Typa, Print)

Radentz, Mp 111 Penn Street, Baltimore, Maryland 21201 5.

State Registrar Stephen S.
31. Dete filed (Month, Day, Year)
JUN 0 3 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Month Yeer Skerenchak May 1025 pm Lola 1997 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Medical Baltimore Center n/a Mercy If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign 10 M 20 F Balto. Md. 218 70 Yrs 18 4319 1926 Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 □ No Md. n/a Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1450 Battery Ave. 21230 USA 12. Wes Decedent Ever In U,S. Armed Forces? 14, Rece - American Indien, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Stetus 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 XNo if Yes, Give Year or Detes: 1 ☐ Yes 2 🖾 No Specify: white 3 Nidowed 4 Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Home Owner Housewife 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Albert Pfisterer Emma Sites 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ann M. Colmus (Daughter) 1021 Scituate Harbour Pasadena, Md. 21122 20e. Method of Disposition

14 Buriel 2 ☐ Cremetion 3 ☐ Removei from Stete 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) June 20c. Location - City or Town, Stete 3 Crownsville V.A. Cemt. 1997 4 ☐ Donetion 5 ☐ Other (Specify) Crownsville, Md. 21. Signeture of Funeral Service License McCully-Polyniak Funeral Home of South Balto. 130 E. Fort Ave., Baltimore, Md. 21230 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth Immediate Cause (Finel disease or condition resulting In deeth) · Non Small cell carcinoma 2 years Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or es a consequence of) Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24e. Wes en autopsy performed? 24b. Were autopsy findings eveilable prior to completion of cause of death? 1 Yes 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA

28c. Injury et Work?

15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated.

29c. License number

1 ☐ Yes 2 ☐ No

P09760

301 St Paul Pl

28d. Describe how injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29d. Dete signed (Month, Dey, Year)

Balt. Md. 21202

Physician /Medical Examiner

Examiner

Physician/Medical

þ

Completed

Certification:

27. Menner of Deeth

1 Netural

2 Accident

3 Sulcide

29a. Certifier

4 Homicide

(Check only one)

29b. Signeture end title of certifier

5 Pending

Investigation

6 Could not be

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Funeral

Director

permit. Peges 1 end 2 should be filed within 72 hours after deeth with the Marylend Department of Heelth end Mental Hygiene. Important: if them 27 is marked other than "natural", or thems 23a or 28a-f show any injury or other traumatic event, the Medical Exercise must be notified at once.

Baltimore, Maryland 21215-0020

physician and the buriel-transit for use as ed by the e signed by t Deen has certificata

Division of Vital Records, P.O. Box 68760, funeral director. After deeth. or Attend efter deeth Director: / filled in by

the Funerel [Hospital 24 hours Medical

State Registrar

Nanette D Mercy Med 32. Registrer's Signeture Steinle 31. Dete filed (Month, Dey, Yeer) Lulia Newidson Rende JUN 0 3 1997

mo 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

MD

28e. Dete of Injury (Month, Day Year)

28b. Time of

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

DHMH 16 Rev 6/95

per pur

| | - 4 | 1 Decade | nt's Nome | (First, Midd | dla lact | 1) | | | Cel | unca | ie UI | Death | 2 0 | Reta of Deet | eg. No. | | 3. Time of Dea |
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| ici | an | | | | | , | | | | | | | N | onth | Dey | Yaer | |
| dic | | | | STRON not institution | | street and | (number) | | | | | 4b. City, Town, | or Location | _ | 19 4c, Cour | 1997 | |
| nin ai | | EDE1 5. Sociel S | NTON Security No | GARI umber 219 | DEN 6. Sa | HOUS | SE 7. Age | (In yrs. le | est birthday) Yrs. | If Under | er 1 Yaar | FREDER | ICK, | | FRED | ERIC | |
| | | Usuel Res 10a. Stete | | Decedent 10b. Count | lv . | | | 10c. City | . Town or Lo | cation | | | | | | | 10d. Inside City Lir |
| | or | 100 | | Fred | 1 | ick | | | deric | | | | | | | | 1 ☐ Yes 2 € |
| | Director | 10e. Stree | | | 1611 | LOK | | ILC | deric | | ip Coda | | | 1 | 0g. Citizen o | of Whet Co | ountry? |
| | | 5849 | Gen | esis | Lar | ne . | | | | | 401 | | | | U.S.A | | |
| | by Funeral | 11. Marite | Stetus evar Marrie | ed 2 Ma | ırrled | 12. Was E Armad 1 Ye If Yas | Decadant E d Forces? es 2 N , Give or Detes: | | | Was Dec if Yes, sp | | Hispanic Origin? ban, Maxican, Pu | (Specify) uerto Ricen | as or No- , etc.) | В | lace - Ame Black, White | |
| | | | /0 | 15. Decede | | | | | 16e. Deced | dent's Us | uel Occu | petion | | | 16b. Kind of | Business | /Industry |
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| | Con | | 12 | | | | 2 | | Sec | cret | ary | | | | Priva | | |
| | Be | | | First, Middle | | | | | | | | 18. Mother's | | | | | |
| | To | | | amilt | | | | | | | | | | | cloug | | |
| | | | | me/Reletion | | | | | | _ | | et end Number of | | | | | |
| | | 20a, Metho | | cCrac | cker | .1 | | 20b. Ple | ece of Dispo | | | our L, N | ew M | | | | nd 21774 Town, State |
| | | 1□8 4□ X D | urlal 2 Conetion | Cremation 5 Other (| Specify) | | rom State | Ce | matery, crar | metory or | r other ple | | | | zoo. Localio | - Oky Oi | |
| ouce | | 1 | dona | 1d S | · Wa | ade, | | | | tate | . An | | | | | Balt | timore S |
| n | | | k, or haar | t tailure. Lis | st only o | ne ceuse o | on each lin | Θ. | Ba. Do not ent | , , | _ | e Mary | | | est, | | Onset and Deat |
| al er | ledical Examiner | Immediete disease o resulting i Sequentia if any, lea ceuse. Er Cause (United Initiet resulting in the second control of the second | e Cause (I r condition n deeth) ally list cording to Im ter Under isease or i ed events | ritallure. Lis | st only o | ne ceuse o | on each lin | Due to (or | | quence of |); n): | e, Mary | | | ZVI | | Onset and Deat |
| al er | edical | Immediete disease o resulting i Sequentia if any, lea ceuse. Er Cause (D) that Initiet | e Cause (I r condition n deeth) ally list cording to Im ter Under isease or i ed events | ritallure. Lis | st only o | ne ceuse o | on each lin | Due to (or | Barbara Barbar | quence of |); n): | | | | ZVI | | Onset and Deat |
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| al er | Physician/Medical | Immediete disease o resulting i Sequentia if any, lea ceuse. Er Cause (Cause Uthat Initiet resulting in | e Cause (I r condition n deeth) Illy list cording to Im nter Under sease or I ed events n deeth) L | trailure. Lis | St only of | e | on each lin | Due to (or | es e conseques e c | quence of | f): | Fleet | len | / | obacco use | | intervel Between Onset and Deat |
| al er | by Physician/Medical | Immediete disease o resulting i Sequentia if any, lea ceuse. Er Cause (Cause Uthat Initiet resulting in | e Cause (I r condition n deeth) Illy list cording to Im nter Under sease or I ed events n deeth) L | trailure. Lis | St only of | e | on each lin | Due to (or | es e conseques e c | quence of | f): | Fleet | Yen | 23b. Did to | obacco use | o 3□P | e to the cause of de Probabiy 4 Unk |
| al er | by Physician/Medical | Immediete disease o resulting i Sequentia if any, lea ceuse. Er Cause (Cause Uthat Initiet resulting in | e Cause (I r condition n deeth) Illy list cording to Im nter Under sease or I ed events n deeth) L | trailure. Lis | St only of | e | on each lin | Due to (or | es e conseques e c | quence of | f): | Fleet | Yen | 23b. Did to | obacco use les 2 N in autopsy med? | o 3□P | intervel Between Onset and Deat onset and Deat onset and Deat onset and Deat onset on the Cause of de Probably 4 □ Unk |
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ADI E II

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

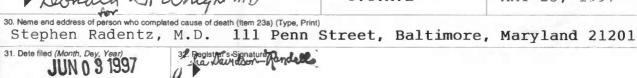
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|-----------------------|--|----------------|---|---|--|------------------------------------|--|------------------|--|---|---|------------------------------|---|--|
| | Physic /Medi | | 1. Decedent's Name (First, Middle, THAD | | | 1 A W | JR. | | | 2. Dete of 8 Month MAY | Dey | Yeer . 997 | 3. Time of Deeth 11:03 F | |
| | Exami | | 4e. Fecility Neme (If not institution, GHARBOR HOSPI | rive street and nu TAL | imber) | | | | 4b. City, Town, 6 BALTI | or Location of Dec MORE | eth 4c. Count | ny of Death n / a | | |
| | Funeral Director | | 215-46-7154 | Sex 1√G/M 2□ F | 7. Age (In yrs 4 8 | | If Unde Months | r 1 Year Deys | | | Sirth Year 49 | 9. Birthp | place (Stete or Foreign L'C) AND | |
| | Marylend -f show | tor | Usuel Residence of Decadent 10e. Stete 10b. County 10 / 6 | ì | 10c. C | ty, Town or Lo | cation LTIN | 10RE | | | | 1 | 0d. Insida City Limits | |
| | offer death with the Mary Items 23a or 28a-f so where marked be notified. | | 10e. Street and Number 2917 CLIFT | ON AV | ENUE | | 10f. Żij | Coda | 21216 | | | 10g. Citizen of What Country | | |
| 040 | 72 hours effer death with the Manyland natural", or Items 23a or 28a-f show deat Examiner must be notified at | þ | 11. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced | 12. Was Dec Armed Fe 1 Yes If Yes, Gi Yeer or D | edent Ever in U orces? 2 (X) Mo ve Detes: | | 13. Was Decedent of Hispanic Origin? (S If Yes, specify Cuben, Mexican, Puen 1 ☐ Yes 2 ☐ Xio X Specify: | | (Specify Yes or I erto Rican, etc.) | Specify Yes or No- tro Rican, etc.) 14. Rai Ble | | en Indien, etc. LACK | | |
| mar ylan 4 12 13-0020 | within ene. then | Completed | 15. Decedent's (Specify only highest g | Education prede com <i>pleted)</i> Collega (| 1-4or 5+) | | 16e. Decedent's Usuel Occupetion (Give kind of work done during most of w life. DO NOT use retired) CORRECTIONAL OFFI | | | | | Business/Industry | | |
|) Iaira | be filed Ital Hyg d other event, | To Be C | 17. Fether's Neme (First, Middle, La THAD SHAW | SR. | | | 18. Mother's Nem | | | | ne (First, Middle, Malden Surname) | | | |
| | D 5 1 5 | | 19a. Informant's Nema/Ralationship VALERIE SF | (Type, Print) AW – W | IFE | 19b. Mallir 2 9 | 1 Address | C L] | t end Number or FTON | Rural Route Num AVENUE | BALT | n, Stete, Zip MORE | , MD#16 | |
| Daniello, | OF T | | 20a. Method of Disposition 1XXSurial 2 □ Cremetion 3 4 □ Donetion 5 □ Other (Special Contents) | | Stata | | | | | | Dete 20c. Location - City or Town, Stete 5 - 30 - 97 BALTIMORE CO., M | | | |
| | permit. Pege Depertment (Important: if any Injury or once. | | 21. Signet ra of Funerel Servica Lic | S A | erris | 22 | . Name er | nd Addr | ess of Fecility | H430 | | | AVENUE | |
| | Physician /Medical Examiner | 10 | 23a. Pert. Entar the disease, or co show, or heart adura. List on Immediate Cause (Finel disease or condition resulting in death) | | eriosc | | ic C | ard | | iec or raspiratory | | | Approximete intervel Between Onset end Deeth | |
| | executed an and rial-trensit | Examiner | Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events | b | Dua to (| or es e conseq | uence of): | | | | | | | |
| , oo oo vo | certificate be executed nding physician and use es the burial-trensit | n/Medical | Cause (Diseese or Injury thet Initiated events resulting in deeth) Lest | c | Due to (d | or es a conseq | uence of): | | | | | 1 | | |
| | thet the death ed by the ette deteched for | Physicia | Pert II. Other significant conditions | contributing to de | to death but not resulting in the underlying cause given in Part I. | | | | | | 23b. Did tobacco use contribute to the cause of death | | | |
| | aw 2 s c | Completed by | | | | | | | | | is an autopsy tormed? | 600 | are autopsy findings eileble prior to mpletion of cause death? | |
| | The ate h page | e Con | 25. Was case raferred to medical | | | XXYes 2□No XXYes 2□No | | | | | | | XYes 2□ No | |
| | | 0 0 | examiner? 1XIX'es 2 No | Hospitel: | 26. Place of Deeth (Che despite): 1 Innetient 27 EP/Outpetient 3 DOA Other: 4 Nursing Home | | | | | | Check only one) 5 ☐ Residence 6 ☐ Other (Specify) | | | |
| | ding h. After fune | | 27. Manner of Deeth 1. Naturel 5 Pending 2 Accident investigati | 28e. Dete (Mon | | 28b. Time of Injury | | 28c. Inju Wo | 4 1 Mulany | 1 | e how injury occu | | 7 | |
| | Direction of the control of the cont | Certification: | 3 ☐ Suicide 6 ☐ Could not datermine | d 200. Place | of Injury - At h | | eet, fector | y, office | | | | | l Route Number, | |
| 一方 | The Rospital Control of the Financial of | Medicai | 29a. Certifier (Check only one) 1 Certifying F XXX Medical Ext | minar: On the ba | best of my kno asis of examine nar statad. | owledga, death otlon end/or inv | estigetion | , in my | ma, date end ple opinion, daath oc | ca, end due to th curred et the time | e, date end plece | , end dua to | tha ceuse(s) | |
| 30 | 0 5 0 5 | - E | CHIL DICTORTURE AND TITLE OF CARTIFIED | | | | 1 29 | LICAN | SE DUMDAL | | 29d Date slop | on (Month) | INV VARI | |

State Registrar

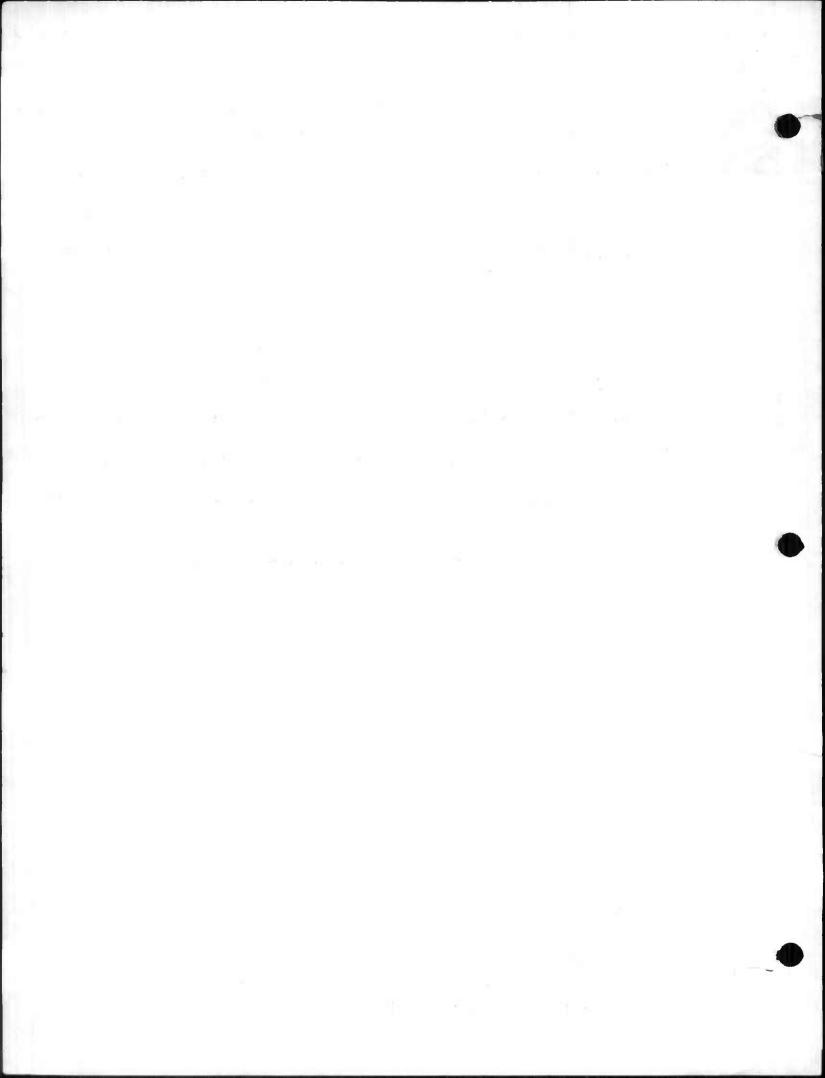
31. Dete filed (Month, Dey, Year) JUN 0 3 1997

Donald & Wright MD



O.C.M.E

MAY 25, 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day Year Month URSULA DOROTHY SELBY JUNE 1997 12:25 PM 4a. Facility Neme (If not institution, give street and number) 4h City Town or Location of Death 4c. County of Death 8738 STOCKWELL ROAD CARNEY BALTIMORE 5. Social Security Number If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 04/25/05 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Days 1 M 3 F Yrs. MARYLAND 218-34-0300 92 Usual Residence of Decedent 10h Counts 10c. City, Town or Location 10d. tnside City Limits 1 ☐ Yes 2X No Maryland Baltimore Parkville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8738 Stockwell Road 21234 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 □ Married 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 1 ☐ Yes 2 X No Specify: Specify. WHITE 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 8th Grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) GEORGE LOSKARN MARGARET LUCKART 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) BALTIMORE, MD JEAN LEONARD DAUGHTER 8738 STOCKWELL ROAD 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) MOST HOLY REDEEMER CEM. 6/4/97 BALTIMORE, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. Enter the dissess of complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, or heart failure. List only one cause on each line. Approximete Intervel Between Onset and Death Immediete Cause (Final BLADDER CANCER diseese or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of): Due to (or as a consequence of): Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of deeth? 1 | Yes 2 | No 3 | Probably 4 | Unknown DEMENTH

Physician /Medical Examiner

Physician

/Medical

Examiner

10a State

Funeral

Director

28a-f show

rai', or items 23a or 28a-f shov Examiner must be notified at

Director

Funeral

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Completed

Be

with the Marylend

permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health end Mental Hygiene. Important: If item 27 is merked other than "natural", or health fillury or other traumete.

Baltimore, Maryland 21215-0020

Box 68760.

P.0.

Records,

Vital

that the deeth certificate be executed and ettending physician for use as the burie the à signed t 583 ĝ. Sign of the last or All efter d Direct

Examiner Physician/Medical þ Be Completed Certification: To To the Hospital o within 24 hours of To the Funeral DI completely filled in

SENILE

25. Was cese referred to medical examiner? 1 Yes 2 No

27. Manner of Death 1 Watural 5 Pending investigation 2 Accident 6 Could not be determined 3 Suicide 4 Homicide

1 Dertifying Physicien: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end menner stated. 29b. Signature and title of confiner

Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Time of

1 Yes 2 No

ans

28c. Injury at Work?

29c. License number

D39297

Baltimore, MD

29d. Date signed (Month, Dey, Yeer)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

24a. Wes en eutopsy performed?

28d. Describe how injury occurred

Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

26. Place of Death (Check only one)

2 No

24b. Were autopsy findings evailable prior to completion of cause of death?

1 Yes 2 No

30. Name and eddress of person who completed cause of death (Item 23e) (Typa, Print)

Michael Ro, MD 31. Dete filed (Month, Day, Yeer)

JUN 0 3 1997

29a. Certifier

(Check only one)

Medical

9005 Harford Road

28a. Date of Injury (Month, Day Yeer)

Registrar

State

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedant's Neme (First, Middle Last) 2. Dete of Deeth **Physician** Month Day Bernard Szachta May 31,1997 /Medical 4a. Facility Neme (If not institution, give street end numbar) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Stella Maris TOWSON BALTIMORE If Under 1 Year If Undar 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) 7. Aga (In yrs. lest birthday) 5. Social Sacurity Number Birthpleca (Stete or Foreign Country) **Funeral** Days Months 1QM 20F Yrs Director 277 10 9960 86 May 12, 1909 OHIO Usuel Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits rai', or items 23a or 28a-f show MARYLAND BALTIMORE TOWSON Director 1 ☐ Yes 2 ☐ No 10a. Street end Number 10f. Zip Code 10g. Citizan of What Country? Peges 1 and 2 should be filed within 72 hours after death with nent of Health end Mental Hygiene. Int: If item 27 is marked other then "natural", or items 23s or ury or other treumstic event, the Medical Examines rount be 1 2300 Dulaney Valley Rd. Completed by Funeral 21204 USA 12. Was Decedant Ever in U,S. Armed Forcas? 13. Was Decedant of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Maxican, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, Whita, atc. 1 ☐ Navar Married 2 ☐ Married 12 Yes 2 No If Yes, Give 12/7/41 Yeer or Detes: 12/31/46 Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: WHITE 3 □ Widowed 4 □ Divorced 15. Decedent's Education (Specify only highast grade completed) 16e. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 8 n/a Machine Operator Truck Transportation 17. Fethar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Joseph Szachta (Unknown by Informant) 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) James M. Szachta/ Son 512 Hanna Way Bel Air, MD 21014 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) Dete 20c. Location - City or Town, Stata 3 June P Buriel 2 Cramatica 3 Removal from Stete permit. Pege Department of important: If eny injury or 4 Donetion Calvary Cemetery 1997 Toledo, Ohio 22. Name end Address of Fecility Lemmon Funeral Home of Dulaney Valley, Inc. 10 W. Padonia Rd., Timonium, MD 21093 23a. Part1. Enter the diseasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heert feiture. List only one ceuse on each line. Approximete Interval Batween Onset end Deeth **Physician** /Medical Immediata Ceuse (Final diseese or condition resulting in death) Examiner Due to (or as e consequence of) Examiner Sequantially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): Physician/Medicai Due to (or as a consequence of): Hospital or Attending Physician: The law requires that the death Auhours after death.

Euhorat Director: After this certificate has been signed by the atterated precedent and the properties of the funeral director, page 2 should be detected for Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were eutopsy findings availabla prior to completion of causa of deeth? 24a. Wes en autopsy performed? 1 Tas 2 BINO 1 ☐ Yas 2 ☐ No 25. Wes cese referred to medicel exeminar? Be 26. Plece of Deeth (Check only one) Other: 45 Oursing Home 5 Residence 8 Other (Specify) Certification: To 1 ☐ Yes 3 ☐ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et 28d. Describe how Injury occurred 5 Pending investigation 1 Netural 1 Yes 2 No 2 Accident 6 ☐ Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homlolde To the Hospital o within 24 hours af To the Funeral D completely filled i Medicai Tertifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the ceuse(s) and manner stated. 29e. Certifier 29b. Signeture and title of centille 29c. License number 29d. Dete signed (Month, Day, Year)

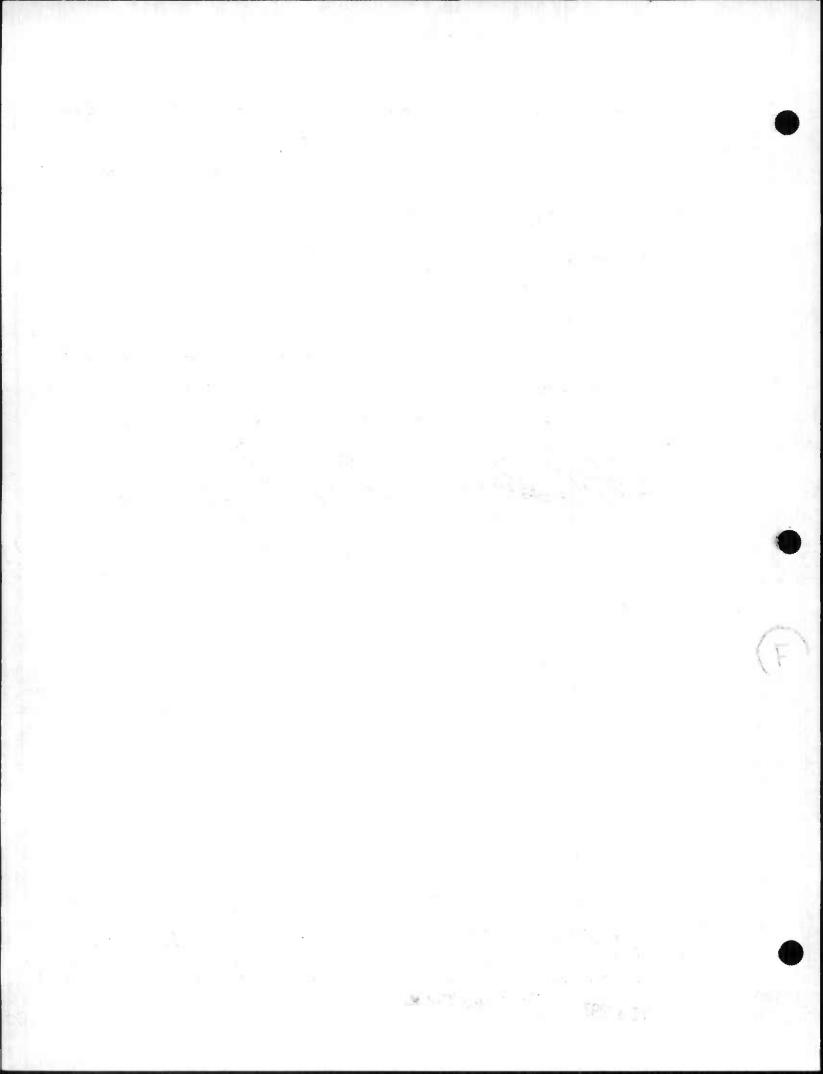
410-828

120 sister Pierry Nr. 21204

State Registrar 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)
Robert Stoner, M.D., Suite 506

31. Date filed (Month, Dey, Year)
JUN 0 3 1997

DHMH 16 Rev 6/95



WRC 97-2682-015 ROBERT J. SZEILER

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

| Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Copariment of Health and Mental Hygiene. Important if flem 27 is marked other than "natural, or items 23e or 23e-1 show any murry or other traumstic event, the Woolen Engree market. | | /M Exa Fune |
|---|--------------------------------|--|
| | Baltimore, Maryland 21215-0020 | permit Pages 1 and 2 should be filed within 72 hours after death with the Maryland Copuration of Health and Mental Hyglene. Important: If them 275 marked other than "natural", or terms 23e or 28e-1 show 6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 |

1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Physician Month Year Robert J. Szeiler 14, MAY 1997 11:30 AM edical 4e. Fecllity Name (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth miner 421 PULASKI HIGHWAY ELKTON CECIL CO. If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) ral Birthpiace (State or Foreign Country) Deys 1⊠M 2□ F 45 Yrs. or unknown Aug. 25, 1951 unknown Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Lincoln Delaware unknown 1 ☐ Yes 2 ☐ No Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? unknown unknown Route 1, Box 149 11. Maritel Status unknown 12. Was Decedent Ever in U.S.
Armed Forces? unknown
1 □ Yes 2 □ No
If Yes, Give
Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married Specify: White 1 Yes 2 No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be unknown unknown 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) unknown 20b. Place of Disposition (Name of cometery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 Other (Specify) in-state 21. Signature of Fungual Service Licenses 22. Name end Address of Facility
State Anatomy Board, 655 W. Baltimore Street once Ropald Will M. Enter the disease, of complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, ck, or heart failure. List only one cause on each line. Baltimore, Maryland 21201 erval Bety Onset end Death /Medical fmm late Cause (Final Narcotic intoxication disease or condition resulting in death) Examiner Due to (or es a consequence of): Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Last Due to (or es a consequence of): physician ă Physician/Medical 200 Due to (or es e consequence of) attending Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 94 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ

Box 68760. The law requires that the death conficults Division of Vital Records. P.O. signed by t peeu has this certificate Physician: of or Attending Parts after the Colors of th filled in by the

Completed

Be

2

Certification:

Medical

24b. Were autopsy findings aveileble prior to completion of ceuse of death? 24e. Was an autopsy 2□ No 25. Was cese referred to medice 26. Place of Deeth (Check only one) examiner?

Yes 2 No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6XX ther (Specify) AT 27. Manner of Death 28d. Describe how Injury occurred 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 1 Netural 5 Pending Injury HOTEL 1 Yes 2 □ No investigation 2 Accident 5-14-97 Unk. Unknown 3 Suicide Location (Street end Number or Rural Route Number, City or Town, Stete)

6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 - Homicide motel

421 Pulaski Hwy., Elkton, MD

15, 1997

MAY

29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and plece, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date and place, and due to the ceuse(s) and manner stated. 29b. Signature nd title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

evy 30. Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

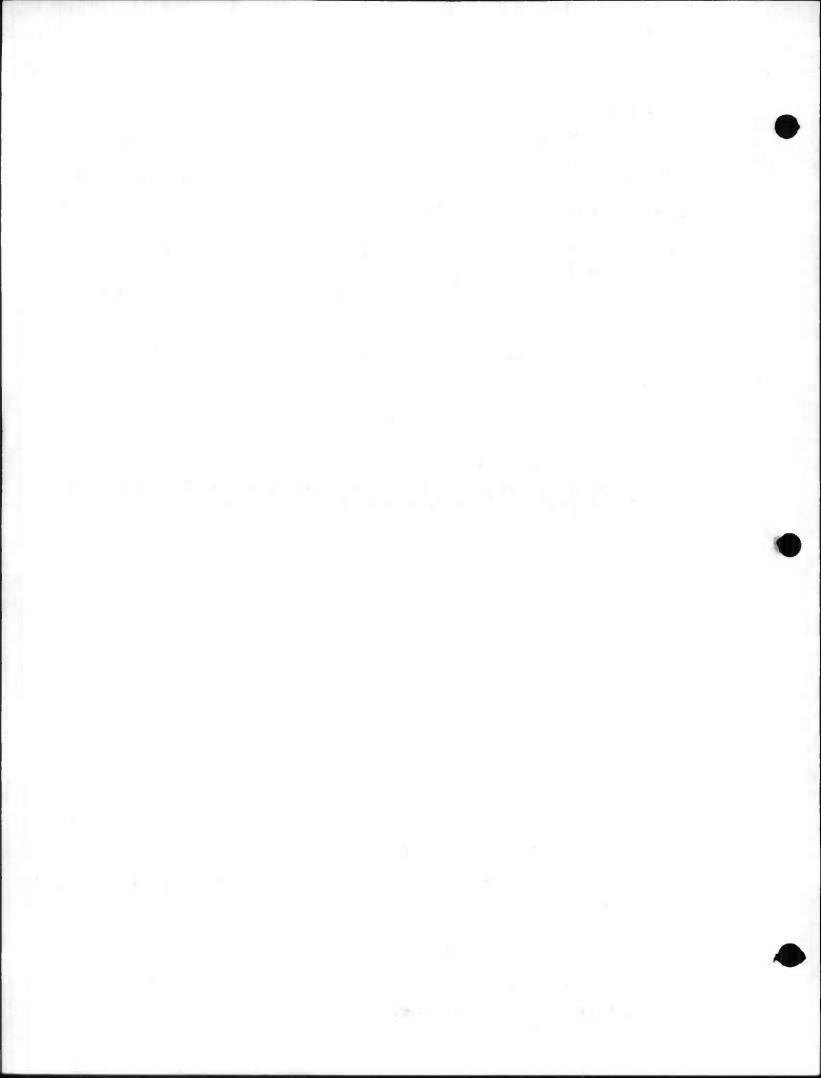
O.C.M.E.

State Registra

WKEIND 32. Registrar's Signature

Hospital 24 hours

To the Hosp within 24 hos To the Fune completely fi



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death Month 2:15 AM SUAREZTORRES 26 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Maryland General Hospital Baltimore N/A 7. Age (In yrs. last birthday) If Under 1 Year If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) Days XM 2□ F 77 Yrs. May13,1920 Putreo Rico 10c. City. Town or Location 10d. Inside City Limits Baltimore 1 X Yes 2 No 10f. Zip Code 10g. Citizen of What Country? 21224 USA 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - Amarican Indian, Black, White, atc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yas, Give XIYes 2□No Specify: Puerto RicanspecifPuerto Rican 16b. Kind of Businass/Industry

10a. State 7 is marked othar than "natural", or items 23a or 28a-f show treumstic evant, if a Maxical Examiner must be notified at Md. N/A Director

by

Completed

Physician

/Medical

Examiner

Funeral

Director

the Merylend

permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene.
Important if flem 21's merked other than "natural", or lienary injury or other traumatin.

Baltimore, Maryland 21215-0020

10e. Street and Number 6302 Brown Ave.

10b. County

3 ☐ Widowed 4 🎇 Divorced 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12)

6 yrs.

ASCENCION

114-03-2772

Usual Residence of Decedent

5. Social Security Number

College (1-4or 5+)

16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired)

Marine Terminal

17. Father's Name (First, Middla, Last) Japinto Suarez

19a. Informant's Name/Relationship (Type, Print)

Antonia Torres 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code)

18. Mother's Name (First, Middla, Maidan Surname)

Elisa Torres Greene - DAUGHET

6302 Brown Ave. Baltimore Md. 21224

20a. Mathod of Disposition 1 ☐ Burial 2 ☑ Cramation 3 ☐ Removal from State 4 Donation Other (Spacify)

20b. Place of Disposition (Name of cemetery, crematory or other place) Metro Crematory

Merchant Marine

Date 20c. Location - City or Town, State 5-30 Baltimore

ter the disease, or complication r heart failure. List only one cau

22. Name and Address of Facility

Connelly Funeral Home Of Dundalk

ceused the death. Do not enter the mode of dying, such as cerdiac or raspiratory arrest, each line.

Immediate Causa (Final disease or condition resulting In death)

ENTEROCOCCAL SEPSIS

Dua to (or as a consequence of) URINARY TRACT

IHFECTION

Dua to (or as a consequence of):

PHEUMOHIA

Due to (or as a consequence of):

Physician /Medical Examiner

physician and the bunal-transit

signed by t

certificate has

this

efter death. Director: After t

24 hours

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P

Box 68760.

P.O.

Records.

Division of Vital

90

Examine

Physician/Medicai

by

Completed

Be

To

Sequentially list conditions, if any, laading to immediata cause. Enter Undarlying Cause (Disease or Injury that Initiated evants rasulting in death) Last

| art II. | Other aignificant conditions | contributing to deat | h but not | resulting in the | underlying cer | use given I | n Par |
|---------|------------------------------|----------------------|-----------|------------------|----------------|-------------|-------|
| | | | | | | | |

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Minknown

24a. Was an autopsy performed?

24b. Wera autopsy findings available prior to completion of ceusa of death?

Approximate Interval Between Onsat and Death

1□ Yes 2 No 26. Place of Death (Check only ona)

1 Yas 2 No

25. Was cesa referred to madical 1 Yes 2 No 27. Mannel of Death 1 Matural

5 Pending Investigation

6 Could not ba

Hospital: 1 Inpatient

2 ER/Outpatient 3 DOA

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28e. Placa of Injury - At home, farm, street, factory, office building, atc. (Specify)

281. Location (Street and Number or Rural Route Number, City or Town, State)

29a, Certifier (Check only

2 ☐ Accident

3 ☐ Suiclda

4 Homicide

1 Certifying Physician: To the best of my knowledga, daath occurred at the time, date and place, and dua to tha causa(s) and mannar as statad.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated.

29b. Signature and title of certifier

INTERN

29c. Licensa number

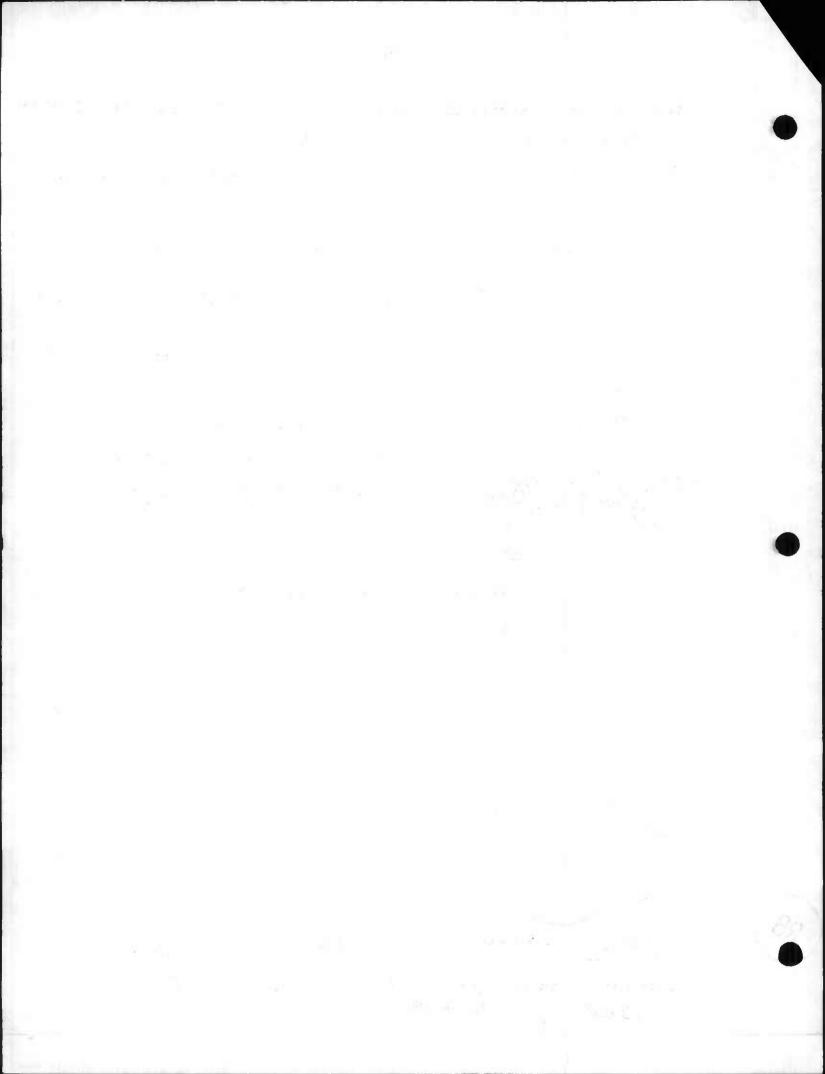
29d. Date signed (Month, Dav. Year)

30. Nama and address of person who completed ceuse of death (Item 23a) (Type, Print)



State Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month 3:52 Pm Jimmy Thornton /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Johns Hopkins Bayview Medical Center Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Deys Hours Min. 12-27-1943 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1**X**M 2□ F 53 212-42-3066 Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or Itama 23a or 28a-f show traumatic event, the Medical Exercises must be notified at 10d. tnslde City Limits MD N/A BALTIMORE 1 XYes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 5424 BUCKNELL ROAD 21206 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 (AYes 2 □ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental thygiene. Important: if item 27 is merked other than "natural", or ital any Injury or other than that oevent, I'm Medical Engine 1 Never Married 2 Married 1 ☐ Yes 2 ☐XNo Specify: Specify: AFR. AMERICAN þ 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Etementery/Secondary (0-12) College (1-4or 5+) SURGICAL TECH. HOSPITAL 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) CLEO THORNTON CALLIE POWELL 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) CALLIE THORNTON (MOTHER) 701 ARLINGTON AVE. BALTO. MD 21217 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 D Burlel 2 Cremetion 3 Removet from State GARRISON FOREST V.A. 6/5/1997 OWINGSMILL MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PLACE BALTO. MD 21217 Do not enter the mode of dying, such as cardiec or respiratory errest, Approximate Interval Betw Onset end Death **Physician** /Medical Immediete Ceuse (Final severe cerebral edema disease or condition resulting in death) Examiner Due to (or es a consequence of): physician and the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest advanced Vascular disease Physician/Medical Due to (or es e consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Trobably 4 Unknown hypertension by hyperlipidemia perspheral vascular disease 24b. Were eutopsy findings aveileble prior to completion of cause of death? 24a. Wes en autopsy performed? 1 Yes 2 XNo Gerstmann's Syndrome 1 Yes 2 No 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospitel: 15 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 1 Naturel 2 Accident 5 Pending 1 Yes 2 No investigation 6 Could not be determined 3 Sulcide

P.O. Box 68760,

Division of Vital After or Attending after death. in by the

> State Registrar

4 - Homicide

29b. Signature end title of certifier

31. Dete filed (Month, Dey, Year)
JUN 0 3 1997

Colley,

29a. Certifier

29d. Date signed (Month, Dav. Year)

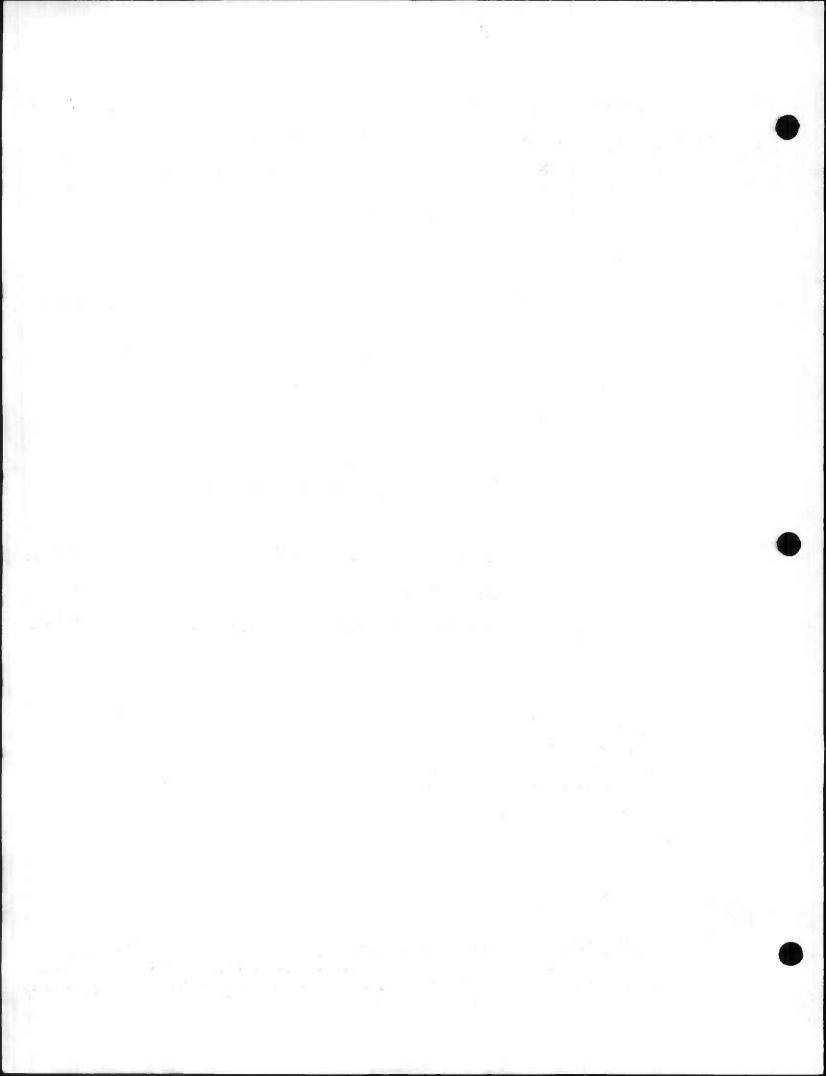
28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

**Descritifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) and menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29c. License number

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

medreal Houseshoff 96705 05/30/97
motered cause of deeth (Item 23e) (Type, Print) Johns Hopkurs Bayvren medre Center 4940 Eastern Avenue, Baltomore, MD 21224



State of Maryland / Department of Health and Mental Hygiene

| welsten | 1 | . Decedent's Neme (First, Middle, L | ast) | | Ce | | | | - 1 | 2. Date of De | Reg. No. | - | 3. Time of Deeth |
|--|--|---|--|--|--|--|--|--|-------------------------|---|--|--|--|
| nysician | | | | | | | | | | Month | Dey | Yeer | |
| Medical | 4 | George Owen B. Fecility Name (If not institution, g | Thorn | | | | | 4b City Toy | vn or Lo | MAY 2 cation of Deeth | 27 199 4c. County | | 2348PM |
| kaminer | | UNIVERSITY HOS | |) | | | | | | | | N/A | |
| eral | | | Sex 7. Age | | last birthday) | | er 1 Year | | 24 Hrs. | 8. Date of Birt | h | | ace (State or Foreign |
| or | - | 219-16-7901 Isual Residence of Decedant | 1X M 2□ F | 72 | Yrs. | Months | s Days | Hours | Min. | (Month, De | | Countr | MD MD |
| leted by Funeral Director | | 0a. Stete 10b. County | | 10c. City | y, Town or Lo | cation | | | | | | 10 | d. Inside City Limits |
| Director | | MD N | /A | Bal | timore | 2 | | | | | | | 1 Yes 2 No |
| Dire | 1 | 0e. Street end Number | | | | 10f. Z | ip Code | | | | 10g. Citizen of 1 | | ny? |
| a a | - | 1129 Lombard Str | | | - [| | | 223 | | | US | | |
| by Funeral | | Marital Stetus Naver Merried 2 Married Widowad 4 □ Divorced | 12. Was Dacedent E Armed Forces? 1 M Yes 2 □ No If Yas, Give Year or Dates: | | | | edent of Fecify Cub | | jin? (Spe , Puerto l | cify Yes or No Rican, etc.) | Specify | ca - America ck, White, er y: White | tc. |
| | | 15. Decedent's I | Education | 16e. Decedent's Usuel Occupation (Give kind of work done during most of work life. DO NOT use retired) | | | | | | T | 16b. Kind of B | | |
| Completed | - | (Specify only highest g Elementery/Secondary (0-12) | rede completed) College (1-4or 5+ |) | (Give | KIND OF W | vork done use retire | dunng most d) | of worki | ng | | | |
| Con | | 10 | | <i>'</i> | Paint | er | | | | | Self-E | mploye | ed |
| a | 1 | 7. Fether's Nema (First, Middle, Las | st) | | | | | | | | Maiden Sumen | ne) | |
| 19a. Informent's Name Rosa Thorn 20a. Method of Dispos | | Joseph J. Thorn | | | | | | wilne | emina | a Schei | рте | | |
| | | 9a. Informent's Name/Reletionship | (Type, Print) | | | | | | | | er, City or Town, | Stete, Zip (| Code) |
| | | | | Tani m | | | | Street | ., Ba | altimor | | 21223 | |
| | | 0a. Method of Disposition 1 □ Burial 2 □ Cremation 3 4 □ Donation 5 □ Othar (Spec | | C | laca of Dispo ematery, crer TISON | natory or | other ple | | . 5, | /30/97 | 20c. Location - | | |
| SUCE | 4 Donation 5 Othar (Specify) 21 Signature of Funeral Service Licensee 22. Name and Address of Facility Gary L. Kaufman Funeral Homes 7250 Washington Blvd., Elk Ridge, MD 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. | | | | | | | | | | | | |
| | | 23e. Pert1. Enter the disease, or con shock, or heart feilure. List ont | mplications that caused to y one cause on each line | ne death | n. Do not ent | 250 V er the mo | Vashi ode of dyle | ngton ng, such es d | Blve | d., Elk | Ridge, | | 21227 Approximete Intervel Between |
| | li d | 23e. Pert1. Enter the disease, or con shock, or heart feilure. List ont mmediete Ceuse (Final lisease or condition esulting in daeth) | . Arterio | scl | n. Do not ent | er the mo | ard | ng, such es d | Blvc cardiec o | d., E1k r respiretory er | rest, | | Approximete |
| r | li d | mmediete Ceuse (Final liseese or condition esulting in daeth) | e. Arteric | oscl | erot | C C | ard | ng, such es d | Blvc cardiec o | d., E1k r respiretory er | rest, | | Approximete Intervel Between |
| Examiner | li d | mmediete Ceuse (Final liseese or condition esulting in daeth) | e. Arteric | oscl | erot | C C | ard | ng, such es d | Blvc cardiec o | d., E1k r respiretory er | rest, | | Approximete Intervel Between |
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| Be Completed by Physician/Medical Examiner | Siff Country of the c | issess or condition sesulting in daeth) Sequentially list conditions, eny, leading to immediate ause. Enter Underfying cause (Disease or Injury net initiated events esulting in deeth) Lest Set II. Other significant conditions 1. Yas 2 No 7. Manner of Deeth 1. Naturel 5 Panding investigating 2 Accident investigating investigating investigating 2 No 7. Manner of Deeth 1. Naturel 5 Panding investigating 2 No 7. Manner of Deeth 1. Naturel 5 Could not determined 9a. Certifier 1 Certifying P | e. Arteric b. D c. D d. Contributing to death but Hospital: 1 Inpatien 28e. Dete of Injury (Month, Dey | ue to (or ue to (or not result y - At ho (Specify my know xeminet | erotine as a consequence of a consequence of a conse | uence of uence of Maaat, factor | cause gives 2004 Other 28c. Injury office det the tire | zen In Pert I. 26. Plece ner: 4 Nur y et k? Yes 2 N | Blvccardiec o | 23b. Did 1 24e. Wes perfo INSP (Check only one 5 Reside Red. Describe in City or Tow | cobecco use co Yes 2 No en autopsy med? ECTION dance 6 Oth now injury occur Street and Numb yn, State) | 24b. Were every common of de 1 | Approximete Intervel Between Onsat and Death Onsat and Death Onsat and Death Pably 4 Unknown re autopsy findings table prior to apletion of causa eath? Yes 2 No Route Number, |

State Registrar David Fowler, M.D.

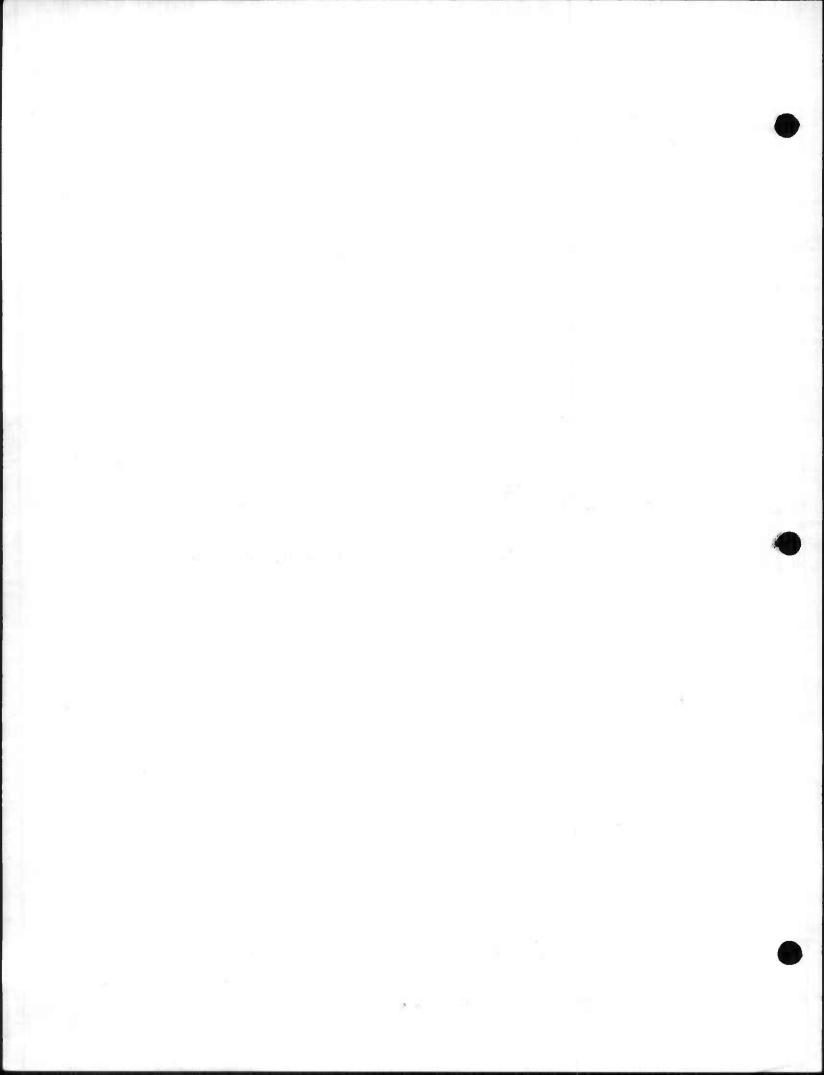
30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

MAY 28, 1997

O.C.M.E.

10



State of Maryland / Department of Health and Mental Hygiene Certificate of Death t. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Day Genevieve Titherington 29 /Medical May 1997 10:41 PM 4e. Fecliity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Riverview Nursing Centre, Incorporated Baltimore Baltimore If Under t Year 5. Sociel Security Number If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Dev. Year) 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) Funeral Months Deys Hours 1 M 20xF Director 88 213-30-6296 Jan. 10,1909 West Va. Usuel Residence of Decedant the Maryland t0a State t0b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Director Md. Baltimore t ☐ Yes 2☐ No Dunda1k 10e. Street and Number t0f. Zip Code t0a. Citizan of Whet Country? ò 7604 Parkwood Rd. 21222 238 U.S.A. Funeral filed within 72 hours after death t2. Was Decedent Ever in U.S. Armed Forces? t3. Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. t ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 ò t ☐ Yes 2 No Specify: þ Specify: 3 ☐(Widowed 4 ☐ Divorced natural. WHite Completed 16e. Decedant's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry than . Elementary/Secondary (0-12) Collaga (1-4or 5+) 12 Homemaker Own Home al Hygie permit. Peges 1 and 2 should be file Department of Health and Mental Hy, Important: if fem 27 is merked other any Injury or other treumatic event, 2006. t7. Fether's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Meldan Surname) Be John Charles Hartlieb Miles 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Bob Titherington/Son P.O.Box # 134, Queen Anne, Md. 21657 20b. Plece of Disposition (Neme of cemetery, cramatory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State Date t Burlel 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify) Mannington Mem.Pk. 6-3-97 Mannington, West Va. 21. Signetum of Funerel Servica Licensee 22. Name end Address of Fecility Bradley-Ashton Funeral Home, Inc. toule 2134 Willow Spring Rd., Balto., Md. 21222 23a. Pertt. Entar the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one causa on aech line. Approximete Intervel Batwaan Onset end Death **Physician** Immediate Cause (Finel disease or condition rasulting in daath) /Medical DEMENTIA-ENO STAGE UNKNOWN Examiner Due to (or es e consaquença of) Examiner The law requires that the death certificate be axecuted buriel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequença of): physician s the buriel Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings eveilebla prior to completion of cause of daeth? 24a. Was en eutopsy performed? Completed 1 Yes 200 No t ☐ Yes 2 No iding Physician: 25. Wes casa raferred to medical Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 10 1 Yas 20 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Data of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? ication: 28d. Dascribe how injury occurred After 5 Panding Investigation 1 Naturel 2 Accident 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Certifi 4 Homloide 10 Certifying Physician: To tha bast of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and menner es stetad.

2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and menner stated. cal 29a. Certifier 29b. Signeture and title of certifie 29c. License number 29d. Dete signed (Month, Dey, Year) D4000 8 M.2 30. Name and eddress of person who complated cause of deeth (Itam 23a) (Type, Print) PARSHALL 9105 FRANKLIN SQUARE DR. BALTIMORE, MD

State Registrar 31. Dete filed (Month, Dey, Year) JUN 0 3 1997

32. Ragistrar's Signature what Davidson

Box 68760.

Records, P.O.

Division of Vital

Sink on the state of the state

Constant Con

State of Maryland / Department of Health and Mental Hygiene

| Physician |
|-----------|
| /Medical |
| Examiner |

Funeral Director

or 28a-f show must be notified at Herns 23a

Director

Funeral

by

Completed

Pages 1 and 2 should be filed within 72 hours efter "natural", or Hygiene. other h end Mentel h Department of Health er Important: If item 27 is any Injury or other tracence.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificate be executed livision of Vital Records, P.O. Box 68760. physician Physician/Medicai the 3 signed I by Completed Attending Physician: Be Certification: To deeth. by the f Medical

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month MAY 28 Pey 1997 THOMAS WRIGHT 5:07 PM 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth CATONSVILLE BALTIMORE 1413 HARBERSON RD. | Months | Deys | Hours | Min. | S. Date of Birth (Month, Dey, Year) | 9. Birthplece (State of Mary LAND) | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 1.0 | 5. Social Security Number 6. Sex 10 M 2□ F 7. Age (In yrs. lest birthday) 9. Birthplece (Stete or Foreign 59 34 3256A Yrs. 216 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. fnside City Limits CATONSVILLE BALTIMORE 1 ☐ Yes 🌠 No MD. 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? U.S. OF A. 21228 1413 HARBERSON ROAD Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Black, White, etc. 1 Yes 2 No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: WHITE 3 Widowed 4 Divorced 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) YEAR 12TH PRIVATE INDUSTRY CARPENTER 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) JAMES FREDERICK WRIGHT ELIZABETH HELEN ISAAC 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 8 WESTSIDE RD. TROUT LAKE, WASHINGTON 98650 SARAH B. ARNOLD (EX WIFE) 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete BALTO Dete 1 ☐ Burial 2 Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) METRO CREMATORY 6/3/97 CATONSVILLE, MD. Co ☐ Other (Specify) GWYNN. Name end Address of Facility 21. Signature of Fune al Service Licensed LEWIS T. GWYNN FUNERAL HOME 21215-6393 4517 PARK HEIGHTS AVE. BALTO., MD. 23a. Pert1. Enter the disease, or complications that was sed the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one ceuse or pach line. Approximate fntervel Between Onset end Deeth Immediete Ceuse (Finel diseese or condition resulting in deeth) Contact Gunshot Wound of Iteach Due to (or es e consequence of):

Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest

Due to (or es e consequence of):

Due to (or es e consequence of):

Pert ff. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24e. Wes en eutopsy performed? partial

1 Yes

24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 1 Yes 2□ No

25. Wes cese referred to medical 1X Yes 2 No

Hospital: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 5 Pending investigation

28c. Injury at Work? 1 Yes 2 No

Other: 4 ☐ Nursing Home 5 🕅 Residence 8 ☐ Other (Specify) 28d. Describe how Injury occurred

self inflicted gunshot wound

28a. Date of Injury

(Months Day Year)

5-25-57

28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)

26. Place of Death (Check only one)

28f. Location (Street and Number or Rural Route Number, City or Town, State) 1413 Harkerson Rel Catonsville, Ad

29a. Certifier

27. Manner of Death

1 Netural

2 Accident 3 Suicide
4 Homicide

1 Certifying Phyeicfan: To the best of my knowledge, death occurred at the time, dete end plece, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and plece, end due to the cause(s) end manner stated.

29b. Signature end title of certifier

29c. License number

29d. Date signed (Month, Dey, Year)

6 Could not be determined

O.C.M.E.

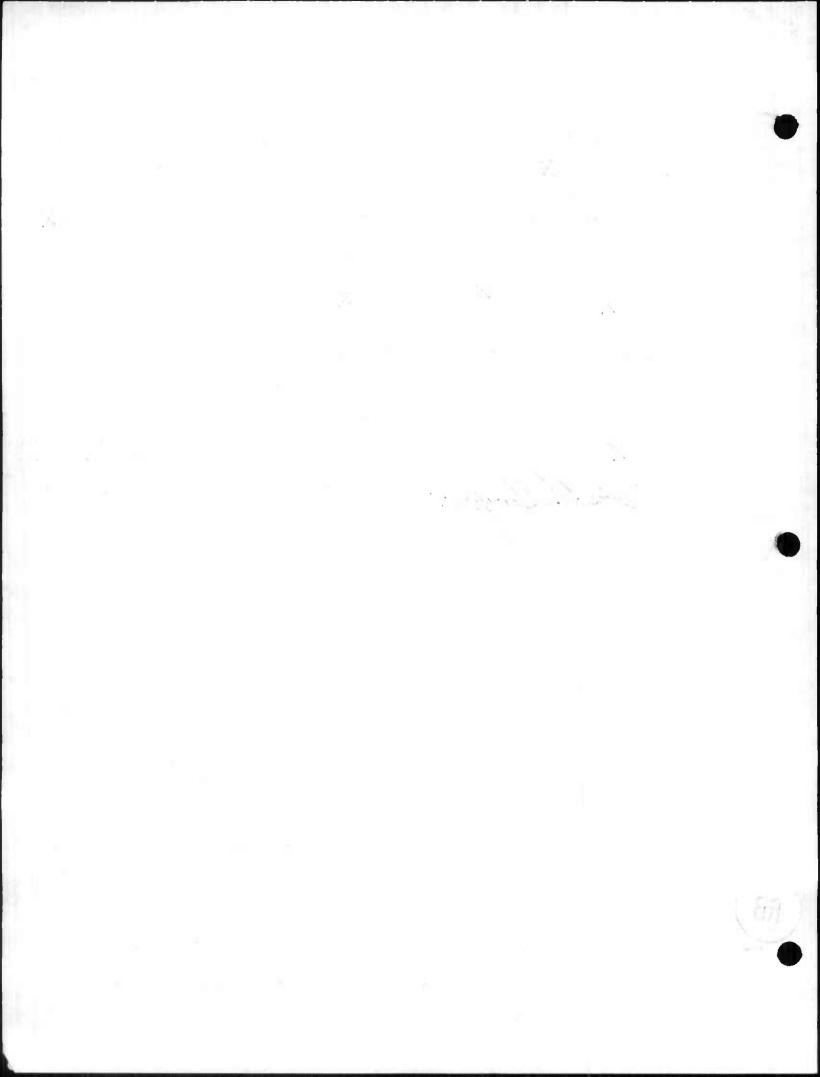
MAY 29, 1997

30. Neme end address of person who completed cause of deeth (Item 23e) (Type, Print)

enniou

111 Penn Street, Baltimore, Maryland 21201

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Tima of Death 350 pm Month Yaar WATSON -LNORA 1997 MAY 30 4a. Facility Name (If not institution, giva street and number) 4h City Town or Location of Death 4c. County of Death n/a OF BALTIMORE BALTIMORE HOSPITAL If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Months Days Hours Min. MAY 23, 1917 5. Social Security Number 9. Birthplece (State or Foreign Country)
WILSON, NC 6. Sex 7. Age (In yrs. last birthday) 1□ M 2□_XF 80 244-05-8507 Yrs Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits BALTIMORE 1 Yes 2 No MD n/a 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21212 ROAD 4808 ALHAMBRA STATES UNITED 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 [X] Xo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, White, etc. 11. Marital Status 1 Never Married 2 Married BLACK 1 ☐ Yes 2 💢 🍇 Specify: XX Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) ABERDEEN PROVING LABORER - DEFENSE GROUND 17 Fathar's Nama /First Middle I ast 18. Mother's Nama (First, Middle, Maiden Sumama) JOHNSON AMOS BRYANT ALICE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) **JEROME** WATSON -SON DRIVE, BALTIMORE, MD MARLAU 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Q Burial 2 Cramation 3 Removal from State 4 Donation 5 Other (Specify) CEMETERY 6-7-97 BALTIMORE, MD BALTIMORE 21. Signature of Funeral Sarvice Licenses 22. Name and Address of Facility AVENUE C. MARCH FH.-4300 WABASH 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Betw Onsat and Death Immediate Cause (Final BLEEDING . GASTRO INTESTINAL DAYS disease or condition resulting in death) Due to (or as a consequence of): RESPIRATORY ARREST DAYS Sequentially list conditions, if any, laeding to immadiate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HYPERTENSION 24a. Wes an autopsy performed? 24b. Were eutopsy findings evallable prior to ANOXIC ENCEPHALOPATHY completion of cause of deeth? 2 No 2 - No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 No Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation Natural 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 29a, Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. Medical Examine: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licensa number

AS2402321-JW904

29d. Date signed (Month, Day, Year)

The law requires that the death certificate be executed Records, P.O. Box 68760. Vital miclan: o Division O THE To the Heapital within 24 hours To the Funeral completely illed

Physician

/Medicai

Examiner

Funeral

Director

28a-f show

Director

Funeral

þ

Completed

Be

7 is marked other then "natural", or items 23a or 28a-f ehov traumatic event, the Medical Examinar must be notified at

permit. Peges 1 end 2 should be filled within 7 Department of Heelth end Mental Hygiene. Important: if item 27 is marked other than 1 any Injury or other traumetic event, it a Head once.

Physician /Medical

Examiner

-transit

ettending physician for use es the burie

signed by t

certificate

Physician/Medical

Completed

Be

Medical Certification: To

the Maryland

72 hours efter

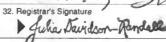
3altimore, Maryland 21215-0020

State Registrar

31. Date filed (Month, Day, Year) JUN 0 3 1997

30. Name and address of person who completed cause of death (item 23e) (Type, Print)

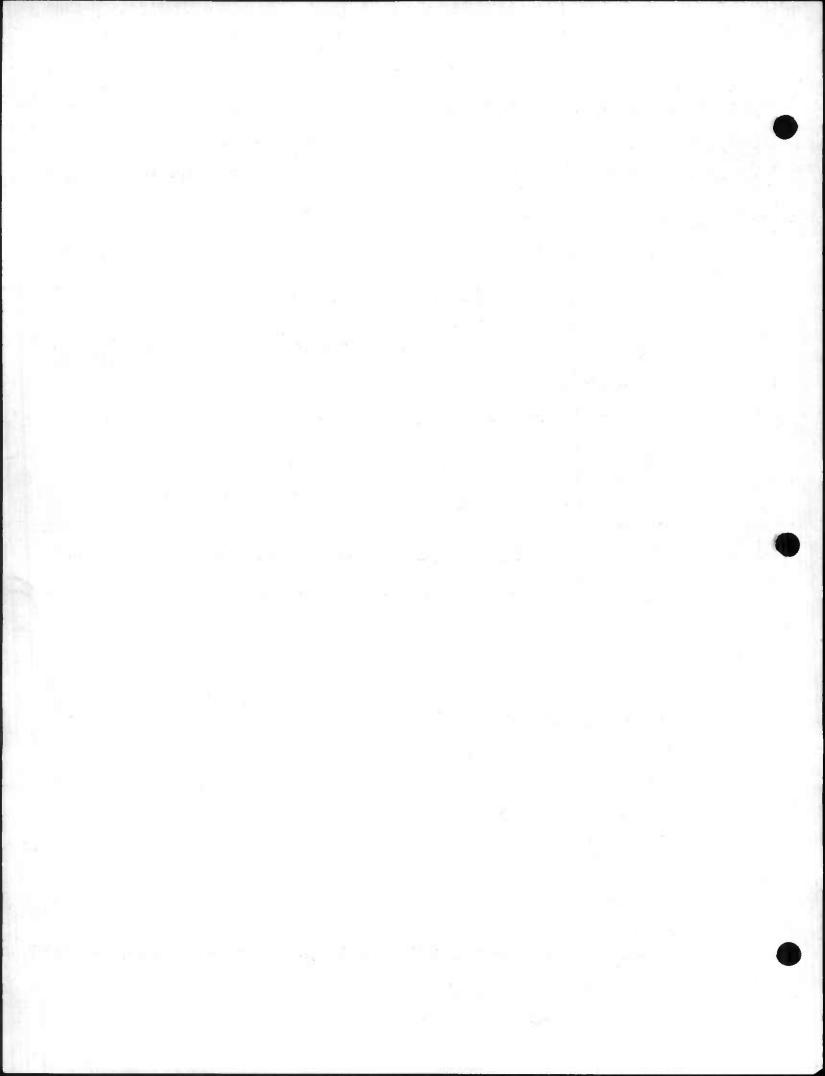
29b. Signature and title of certifier



M.D

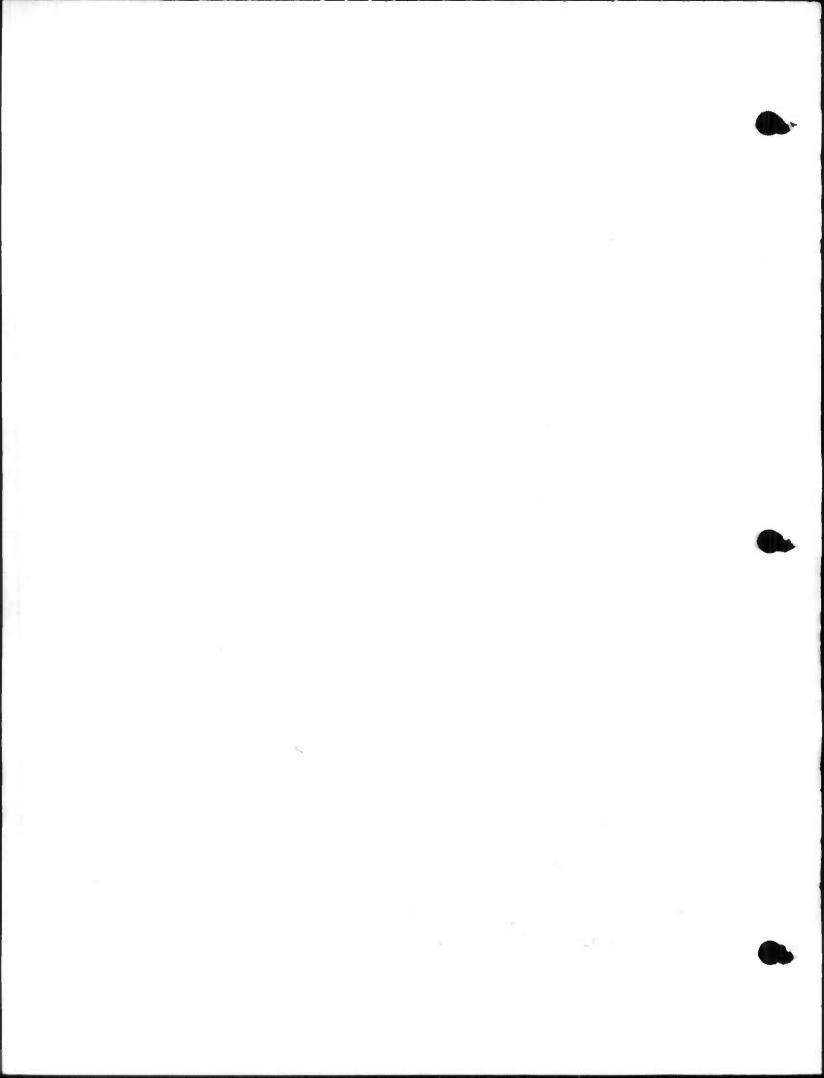
MIS

DHMH 16 Rev 6/95



| DIVISION OF VITAL RECORDS, P.O. BOX 68760, | THE PROPERTY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Exchours after death. Page 6 may be retained by the hospita | TO THE PLEERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the prior to burial, cremation, or removal. | IMPORTANT, If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | SICIAN: MEDICAL CERTIFICATION |
|--|---|--|--|---|
| DIVISION OF VITAL RECO | TO THE HIGHLAND OR ATTENDING PHYSICIAN: The law requires the | TO THE FUELAY. DIRECTOR: After this certificate has been signed to the State Dept. of Health in the State Dept. of Health in the State Dept. of Health in the State Dept. of Health in the State Dept. of Health in the State Dept. of Health in the State Dept. | IMPORTANT: II Item 28 is marked, or Item 23 shows an | TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION |

| | 1 - FOR STATE REGISTRAR | STATE OF MARYL | | NT OF HEALTH AND TE OF DEATH | MENTAL HYGIEN | | |
|---------------|---|---|-------------------------------|--|--|------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Les VAN ST | OKES WOODS | 0 N | | 2. DATE OF DEATH | 741 9 9 7 YEAF | a. TIME OF OEATH |
| | 4. SOCIAL SECURITY NUMBER 217-20-4885 | 5. SEX 6. AGE (1 | 7 4 YRS. MONTH | DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN. | APR. 10, | 1923 | RTHPLACE (State or Foreign |
| OR | | | ENUE 96. C | BALTIM | DEATH | 9c. COUNTY OF | |
| DIRECTOR | RESIDENCE OF DECEDENT 10a. STATE 10b. COUI | n/a | 10c. CITY, TOW | N OR LOCATION BALTIM | ORE | | 10d, INSIDE CITY XLIMITS? |
| FUNERAL D | 10e. STREET AND NUMBER | | ENUE | 101. ZIP COOE 2 1 2 | | UNITE | T VES 2 NO DE WHAT COUNTRY? ED STATES |
| BY FUN | 11. MARITAL STATUS 1 Never Married *\\\ Married 3 \text{Widowed} 4 \text{Divorced} | 12. WAS DECEDENT EVER IN FORCES? 1 YES | U.S. ARMED 2 VIONO NTES | 13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci | an, Puerto Rican, etc.) | B | ACE — American Indian, leck, White, etc. pecify: BLACK |
| COMPLETED | 15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12) 6 th | DUCATION ide completed) College (1-4 or 5 +) | life. Do NOT use retire | ne during most of working | | ISINESS/INDUSTRI | STEEL CORP |
| BE CON | 17. FATHER'S NAME (First, Middle, Last) VAN WOOL | SON | | 18. MOTHER'S N | MARY W | ADE | |
| TO B | 19a. INFORMANT'S NAME (Type/Print) GAYNELL E | . WOODSON- | 19b. MAILING ADDR 2616 | W.LAFAYET | TEAVE., B | ALT IMOT | RE, MD #16 |
| | 20a. METHOD OF DISPOSITION X Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify) | emoval from State | PLACE AND DATE OF DISI | | RY6-6-97 | BALTII | |
| | 21. BIGNATHIE OF FUNERAL SERVICE | Bar | ن | WM. C. MAR | | 300 W. | ABASH AVE. |
| NOI | 23. PART IF Enter the diseases, of abook, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate | a. COLO DUE TO (OR AS A BLAD | nch iina. | ANCE O | | iratory arreet, | Approximate interval Between Onset and Daath 4½ YRS |
| CERTIFICATION | cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST | C. DUE TO (OR AS A | CONSEQUENCE OF): | | | | |
| MEDICAL (| PART II. Other aignificant conditi | | | 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - | Part I. 24a, WAS AI PERFO | RMED? | 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 DANO |
| PHYSICIAN: 1 | DID TOBACCO USE 25. WAS CASE REFERRED TO MEDICAL EXAMINER? | | | 26. PLACE OF DEATH (C | <u> </u> | | |
| HYSIC | 1 TYES 2 THE NO 27. MANNER OF DEATH | HOSPITAL: 1 Inpatient 2 ER/Outp 28s. DATE OF INJURY | 28b. TIME OF | Nursing Home 5 Residence | 6 Other (Specify) | INJURY OCCURED | |
| ВУ Р | 1 Netural 5 Pending 2 Accident Investigation | | INJURY | WORK? 1 YES 2 NO | | | |
| ETED | 3 Suicide S Could not be 4 Homicide determined | Dullding, atc. (Spec | — At home, term, street, | factory, offica | 28f. LOCATION (Street City or Town, State | | al Route Number, |
| COMPLETED | | YSICIAN: To the best of my knowl INER: On the basis of examination | | | | | se(a) and manner as stated. |
| BE | 29b. SIGN TUREAND TITLE OF CERT | JER SCHOOL | mis | D 20 | MBER 7 1 | 29d. DATE SIGN | NED (Month, Day, Year) 2-97 |
| 5 | 30. NAME AND ADDRESS OF PERSON OF KRISH WAN | 200 | | IW (7# | 305 BF | HTIM | ORF 21201 |
| | 31. DATE FILED (Month, Day, Year) JUN 0 3 1997 | Julia Davidson- | ATURE | | | | |



State of Maryland / Department of Health and Mental Hygiene 97

16812

| | | Cer | tificate of | Dealn | Re | eg. No. | | | |
|--|---|--|--|--|--|---|--|---|--|
| | | | | | 2. Data of Deat Month | Day | Yaar 1997 | 3. Tima of Death 7:05AM | |
| | | EDICAL (| | | | | | ORE | |
| 217-40-7091 | ELL OF F | _ | If Undar 1 Year Months Days | If Under 24 Hrs. Hours Min. | 8. Data of Birth (Month Day, | Yohr)43 | 9. Birthpl Count | laca (Stata or Foreig | |
| 10a. Stata 10b. County N/A | | | | | | | 10 | 0d. Insida City Limit | |
| 10e. Straat and Number 5204 DANIE | J Road | | 10f. Zip Coda 2/2 | 20% | 10 | | | Iry? | |
| 11. Marital Status 1 Never Married 3 Widowed 4 Divorcad | | | ./ | dispanic Origin? (Sp an, Mexican, Puarto Specify: | acify Yas or No- Rican, atc.) | 14. Race - American Indian, Black, Whita, atc. Specify: BLK 16b. Kind of Businass/Industry HE WE IMPROVEMENT | | | |
| 15. Decedent's Ed (Specify only highast gra- Elementary/Secondery (0-12) | ucetion de complated) College (1-4or 5+) | (Giva I | aind of work done ONOT use retire | oation during most of work d) | ing | | P | | |
| 17. Fathar's Nama (First, Middle, Last) | EVANS | | | Louis | e Di | 4Vis | | | |
| JANE WILLAI | ns (wrfe) | 520 | + DAR | | 1. BAC | Tid, Mi | 0 21 | 206 | |
| 1 ☐ Burial 2 ☐ Cremation 3 ☑ | | cematary, cram | NGS CH. C | EMETERY | 6/4/97 | WARRE | UTON, | N.C. | |
| 21. Signatura of Funeral Service Licen | cto CFSP | 7 | Nama and Addra | S of Facility PI | tullips EST. BA | FUNE. | KAL 10 21 | HOME 217 | |
| Immediata Causa (Final disease or companies or companies or condition rasulting in death) | a. CEREBOA | L VAS (| CULAR pence of): | | , | est, | | Approximete Intervat Between Onset and Deeth 4 DAYS YEARS | |
| Sequantially list conditions, if any, leading to immediate causa. Entar Underlying Cause (Disaasa or Injury that initiated avants rasulting in deeth) Lest | Dua to | o (or as a consequ | uence of): | | | | | | |
| | | | | van in Part I. | | | | | |
| | | | | | 24a. Was ei perform | n eutopsy ned? | ava | ara autopsy findings allebla prior to appletion of cause death? | |
| 25. Was casa referred to medical | | | | 26. Placa of Deat | | | 10 | Yes 2No | |
| 1 Yas 2 No 27. Mannar of Death 1 Naturel 5 Panding invastigation 3 Suicida 6 Could not be | 28a. Date of Injury (Month, Day Year) 28e. Place of Injury - Al | 28b. Tima of Injury | 28c. Injur Wor M 1 | y et rk? Yes 2 \(\subseteq No | 28d. Dascribe ho | ow injury occur | red | | |
| 29a. Certifier 1 Certifying Phy | elclan: To the best of my k | nowledga, daath | occurred at tha tir | me, date end place, | and due to the ce | ausa(s) and mo | enner as st | ated. | |
| one) 29b. Signatura end titla of certifiar | and manner statad. | GITWOT HIVE | 29c. Licens | e number | 29 | 9d. Dete signe | d (Month, L | Day, Year) | |
| 30. Nama and address of person who carely n C. Houl | omplated cause of death (It | tam 23a) (Type, F US HOPKIN | rint) S B AYUI A VET | EN MEDIC | AL CENTE | R 49 | YU EI | ASTERN AND 2122 | |
| 31. Date filed (Month, Dey, Year) JUN 0 3 1997. | 32. Registrar's Sig | nature M-Rande | • | | | | | | |
| | Aa. Facility Name (If not institution, give Jo HNS HOP HNS 6. St. John St. HOP HNS 6. St. John St. HOP HNS 6. St. John St. HOP HNS 6. St. John St. | 4a. Facility Name (If not institution, give street and number) TO HNS HOPHNS BAYVIEW M 5. Social Sacurity Number 2/7.40-7091 Usuat Rasidance of Dacedant 10e. Stata 10b. County 10c. Stata 10b. County 11. Marital Status 1 Never Marriad 3 Widowed 4 Divorcad 15. Decedant's Education (Specify only highast grade completed) Elementary/Secondary (0-12) 17. Fathar's Nama (First, Middle, Last) 18. Linformant's Nama/Relationship (Type, Print) 19. Informant's Nama/Relationship (Type, Print) 19. Informant's Nama/Relationship (Type, Print) 19. Linformant's Nama/Relationshi | 1. Decedant's Name (First, Middle, Last) CHARLES L. WILLIAMS 4a. Facility Name (I not institution, giva street and number) JD HNS HOPHNS BAYNIEW MEDICAL S. Social Sacurity Number 2/17.40-7091 Usual Rasidence of Decedant 10a. Status 10b. County 10c. City, Town or Loc NAD WIA 11. Marital Status 11 Never Married 2 Married 3 Widowed 4 Divorcad 11. Marital Status 15. Decedant's Education (Specify only highest grade completed) 17. Falher's Name (First, Middle, Last) WILLIAMS 19a. Informent's Name/Relationship (Type, Print) NAME WILLIAMS 19a. Informent's Name/Relationship (Type, Print) NAME WILLIAMS 20a. Method of Disposition 1 Durial 2 Cremation Seamoval from Stata 4 Donation 5 Other (Specify) 21. Signatura of Funeral Service Licensee 1 Dust to (or as a consequence cause. Enter Underlying Cause (Dispose or Harten) 22a. Part I: Enter The disease, or compleciations that caused the death. Do not ante school, or heart feiture. List only one cause on asch line. 1 Immediate Cause (Final cause) 2 Part II. Other algnificant conditions contributing to death but not resulting in the underlying Cause (Dispose or Injury Cause) (Dispose) 25. Was case referred to medical Examiner: On the besis of axamination and/or Invariant Cause) (Month, Day Year) 26. Certifier (Check on) 2 Medical Examiner: On the besis of axamination and/or Invariant | 1. Decedent's Name (First, Middle, Last) CHARLES L. WILLIAMS 46. Facility Name (If Incl institution, give street and number) TO HNS HOPEANS BAY IEW MEDICAL CENTER 5. Social Security Number 207. 46 - 7091 Security Number 106. State 106. County MD WA 106. County MD WA 106. City, Town or Location BACT Model 107. Exposed 108. Street and Number SCAD ADALEW ROAD 109. City, Town or Location BACT Model 109. Street and Number SCAD ADALEW ROAD 11. Marital Status 11. Nearing Adale 12. Was Decedent Ever in U.S. 11. Marital Status 12. Was Decedent Ever in U.S. 13. Was Decedent of HYas, speelly cold 14. Yes, Give 15. Decedent's Education 16. Street and Number 17. Fether's Name (First, Middle, Last) WAS Composed to the Status of United Status | 49. Festis Name (It not institution give street and number) TD HNS HOPENS B AYVIEW MEDICAL CENTER Social Security Number 2/7.40-7091 15M 2 F 7. Aga (In yrs. last birthosy) 10Linder 1 Year It Linder 24 Hrs. Months Days Days | Deceder's Name (First, Middle, Last) 2. Date of Peer (Middle, | December State April Continuence C | Development Print, Models, Last) CHARLES L. WILLIAMS 46. Percity Neme (Froit Medicine, pass parted and number) Development of first institution give a parted and number) Development of first institution give a past and number) Development of first institution give a past and number) Development of first institution give a past and number) Development of first institution give a past and number of past | |

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First Middle Last) 2. Data of Daath 3. Tima of Daath Yaar 7:16 am Betty May 31 1997 Weller 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Windsor Ridge Nursing Home Woodlawn Baltimore If Undar 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 5. Social Security Number 8. Data of Birth (Month, Day, Year) Days Hours 1 ■ M 2/5/F 218-52-2153 Yrs 91 May 5,1906 Maryland Usual Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 No Maryland Baltimore Woodlawn 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 7600 Clays Lane 21244 U.S.A. 12. Was Dacedant Evar in U,S. Armed Forcas? 14. Raca - Amarican Indian, Black, Whita, atc. 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Married 1 □ Yas 2 No Specify: White 3€Widowad 4 ☐ Divorced 15. Decedent's Education (Spacify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) 12 Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Sanuel B. Clark Margaret F. Moore 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Lois W. Merrick (Daughter) 1412 Ridge Road Catonsville, Maryland 21228 20b. Placa of Disposition (Nama of cemetary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata *XBurial 2 Cramation 3 Ramoval from Stata June 2,1997 4 ☐ Donation 5 ☐ Othar (Specify) Woodlawn, Maryland Woodlawn Cemetery 22. Nama and Addrass of Facility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21223 23a. Part1. Entar the disease, or com med the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete Intarval Between Onsat and Death Immediata Causa (Final disaasa or condition rasulting in death) Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying

Physician /Medicai Examiner

Physician

/Medical

Examiner

Director

Funeral

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Completed

Be 2

Funeral

Director

r is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mental Hyglene. Important: If itam 27 is marked other than "natural", or Neme 23s any injury or other traumatic event, the Ned

Baltimore, Maryland 21215-0020

the Manyland

Examine

The law requires that the death certificate be executed physician and the burial-transit sion of Vital Records, P.O. Box 68760, BSI

State Registrar

| d. Dua to (| or as a consequence of | levetre | disease | 10% |
|--|-----------------------------|--|---|--|
| ontributing to death but not re- | sulting in the underlying | g causa givan In Part I. | 23b. Did tobacco use co | ontribute to the causa of death |
| | | | 24a. Was an autopsy performed? | 24b. Wera autopsy findings available prior to completion of cause of deeth? |
| | | | 1 ☐ Yas 2 ☐ No | 1 ☐ Yas 2 ☐ No |
| 11-25.1 | | | eeth (Check only one) | |
| Hospitel: 1 Inpatiant 2 | ☐ ER/Outpatient 3☐ I | DOA Other: 402 Nursing | Home 5 ☐ Rasidance 6 ☐ Ott | nar (Specify) |
| 28a. Dete of Injury (Month, Day Year) | 28b. Tima of Injury M | 28c. Injury at Work? 1 Yas 2 No | 28d. Dascribe how Injury occur | rred |
| 28a. Placa of Injury - At r | noma, farm, straat, facto | ory, offica | 28f. Location (Straat and Numi City or Town, Stata) | ber or Rural Routa Number, |
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516 W. Rolly Rd Balto.

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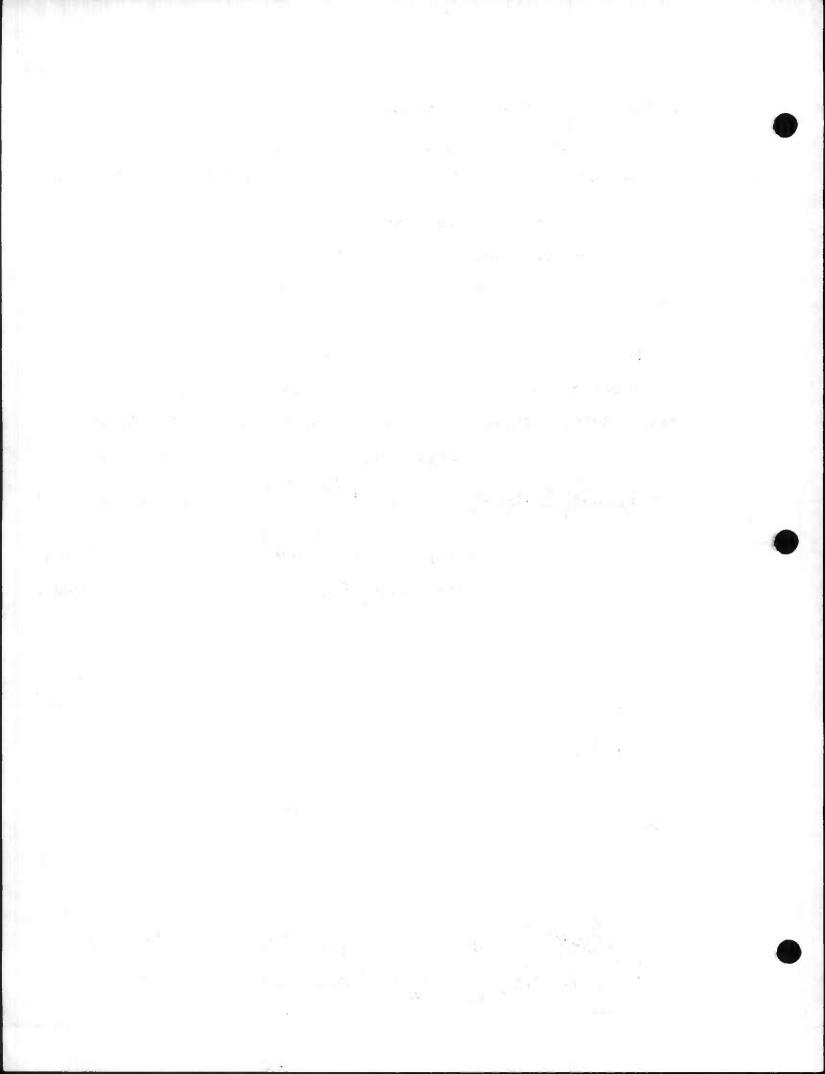
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29b. Signature and title of certifiar

30. Name and addrass of person who completed cause of deeth (Item 23a) (Type, Print)

| | | | | | | Certifica | | | | giene Reg. No. | 91 | 1681 |
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| Physic /Medi | | Maria N | ussbaur | mer Bolse | y W: | iesendan | ger | | May | | 1997 | 9:58am |
| Exami | | 4e. Fecility Neme (If n | ot institution, giv | e street end number) | | | 4 | 4b. City, Town, or | Location of Deet | h 4c. Cour | ty of Death | |
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| Funeral | | 5. Sociel Security Nun | mber 6. S | Gex 7. Age | e (In yrs. la | ast birthday) It Und | | It Under 24 Hrs Hours Min | 8. Dete of Bir (Month, De | rth ey, Year) | 9. Birth Cou | plece (State or Forei |
| Director | | 053-24-6 | 629 | | 89 | Yrs. | | | July | 5,190 | 7 Sw | itzerlar |
| A 11 | | 1 | 10b. County | | 10c. City | , Town or Location | | | | | | 10d. Inside City Limi |
| H D | to | | Anne Ai | rundel | Иэл | rwood | | | | | | 1 ☐ Yes 2 💢 |
| 23a or 28a-f show ust be notified at | Director | MD 10e. Street end Numb | | Lunder | IIa. | | Zip Code | | | 10g. Citizen o | f Whet Cou | intry? |
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| 15 | Funeral | 11. Marital Status | _ | 12. Was Decedent E Armed Forces? | Ever in U,S | S. 13. Was Dec | cedent of H | lispenic Origin? (Sen, Mexicen, Puer | Specify Yes or No | | ace - Ameri | |
| or for | | 1 Never Married | 2 Married | 1 ☐ Yes 2 ☑ N | 10 | | | Specify: | no mican, etc.) | | leck, White, | |
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| natu | Completed | 1: (Specify | 5. Decedent's Ed | ducation ade completed) | | 16a. Decedent's Us (Give kind of | work done | during most of wo | orking | 16b. Kind of | Business/Ir | ndustry |
| . C 📆 | mpi | Elementery/Second | lary (0-12) | College (1-4or 5 | +) | life. DO NOT | | , | | | | |
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| d o | Be | Johan N | | | | | | | | | ame/ | |
| | 10 | 19e. Intorment's Nam | | | | 19b. Mailing Addre | ass (Straat | | tina L | | m State 7i | in Code) |
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State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month Vear MORGAN 28, COOPER WALKER 1997 May 11:56 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b City Town or Location of Deeth 4c. County of Deeth Examiner Greater Baltimore Medical Center Towson Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) If Under 1 Year 5. Social Security Number Birthplaca (Stete or Foreign Country) Funeral 1⊠M 2□F Deys Yrs Director 218-14-3663 81 June 29, 1915 Maryland Usuel Residence of Decedent with the Marylend 10e. State 10b. County 10c. City, Town or Location 7 is markad other than "natural", or items 23a or 28a-f ahow traumatic event, it a Medical Examiner mast be notified at 10d. Inside City Limits MD Baltimore Director Towson 1 Yes X No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1861 Circle Rd. 21204 U.S.A. death Funeral 12. Was Decedent Ever In U.S. Armed Forces? M∑Yes 2 □ No If Yes, Give Year or Dates: WW I I Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 72 hours efter 1 ☐ Never Married ② Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: à Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grede completed) iges 1 and 2 should be filed within it of Health and Mental Hygiene. If Itam 27 is marked other than "! Elementery/Secondery (0-12) College (1-4or 5+) Business Owner Business 17 Fether's Name /First Middle Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Robert Н. Walker Amelia Himes 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Mrs. Anne H. Walker/ wife 1861 Circle Rd., Towson, MD 21204 20b. Pleca of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Deta 20c. Location - City or Town, Stete Pages 1 1 ☐ Burial 2 ☐ Crametion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Othar (Specify) 0 permit. Page Department of Important: If any Injury or Green Mount Crematory 5-30-97 Baltimore, 21. Signature of Funerel Service Licenses 22. Name end Address of Fecility Henry W. Jenkins & So. 4905 York Rd., Baltimo and the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, and the disease of the disea Sons Baltimore, MD 21212 Approximete Intarval Between Onset end Death Physician /Medical Immediate Causa (Final disease or condition resulting in death) Examiner mono buriel-transi Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted evants resulting in death) Lest pue Due to (or as a consequenca of) be exec P.O. Box 68760. Physician/Medical the Due to (or es e consequenca of) atten 0 Pert II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacch use contribute to the cause of death? signed by t 3 Probably 4 Unknown 1 Yes 10 Records, þ Completed 24b. Were autopsy findings eveileble prior to 24a. Was an autopsy performed? completion of cause of death? page 2 certificate 1 Yas 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to medical Be 26. Placa of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 ☐ Yes 2 No 2 ☐ ER/Outpatient 3 ☐ DOA **Spotient** this 27. Mannar of Death Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After Hospital or Attending 24 hours efter death. 1 Aleturel 2 Accident 5 Pending Investigation Injury s efter death. I Director: Aft of in by the fur _1□ Yes 2□ No 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide 6 Could not be 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homleide within 24 hours eft Medical Certifying Physician: To the best of my knowledge, daeth occurred at tha tima, date end pleca, end due to the ceuse(s) and mannar es stated 29a. Certifier Certifying Physician: 10 the best of my knowledge, death occurred at the time, date end piece, and due to the ceuse(s) and manual occurred at the time, data and place, and due to the ceuse(s) end menner steted. (Check only one) 29d. Data signed (Month, Day) 290 Sandura and title of certifier 29c. License number

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32. Registrer's Signeture

State Registrar 30. Neme end address of person who completed

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JUN 0 3 1997

31. Dete filad (Month, Day, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM#10c PER F.H. FLM#G748 6/4/97 J.A. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Maria 7:35pm Acosta 1997 June 4c. County of Deeth /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death Examiner 6. Sex 1 Age (In yrs. lest birthday) H Under 1 Year Months Deys Beltmore Beltimore Universit 5. Sociel Security Numb 8. Date of Birth Month, Day, 9. Birthplece (Stete or Foreign Country)
El SAL VADOR 6. Sex if Under 24 Hrs. **Funeral** 638-52-2392 Hours Min. 16 Director Usuei Residence of Decedent 10a State 10b County 10c. City, Town or Location show r 28a-f show 10d. Inside City Limits ANNE ARUNDEL MD BALTI 1 ☐ Yes 2 No Director ANNAPOLIS 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? "natural", or items 23a or address Example r FARRAGUT CT. 21403 215 45 by Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 1 Never Married 2 ☐ Married 1 Yes 2 No if Yes, Give Yeer or Dates: 1 Yes 2□ No Specify: MEXICAN Specify: HISPANIC 3 ☐ Widowed 4 ☐ Divorced Completed traumatic event, the Medical 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) nd Mental Hygiene. merked other than College (1-4or 5+) STUDENT -0-17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be NICOLAS MARTINEZ ACOSTA DEL CARMEN MARIA 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 99 or other train (FATHER) FARRAGUT ANNAPOLIS 215 B NICOLAS A. MARTINEZ 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location -, City or Town, Stete Dete 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Department of Important: If any Injury or once. EL JAGUEY - El SALVADOR 6/7 LA UNION El SALVADORE 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licansee 22. Name end Address of Fecility REESEV SONS MORTUARY 821 WEST ST. ANNAPOLIS, MARYLAND a 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximete Interval Between Onset end Deeth Physiclan /Medical immediete Ceuse (Finei Pulmanar disease or condition resulting in deeth) **Examiner** domy path Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (on es e consequen Physician/Medical Due to (or es e consequence of): Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2No 3 Probably 4 Unknown p 8 Completed 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? 1 Yes 2 No 1 Yes 2 No Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospitel: 1 inpatient 2 ER/Outpetient 3 DOA 1 Yes 2 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Menner of Death 28e. Dete of injury (Month, Dey Year) 28b. Time of 28c. injury et Work? Certification: 28d. Describe how injury occurred 1 Neturei 2 ☐ Accident 5 Pending investigation

Box 68760. P.O. Records, Division of Vital

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Ather Attending

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Pages 1 and 2 should be a

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21215-0020

Baltimore, Maryland

To the Hospital
Within 24 hours a
To the Funeral C
completely filled

State Registrar

Medical

me and at

6 Could not be determined

3 ☐ Suicide

29e. Certifier (Check only one)

4 Homicide

artifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title of certifier

29c. License number D0050845

1 Yes 2 No

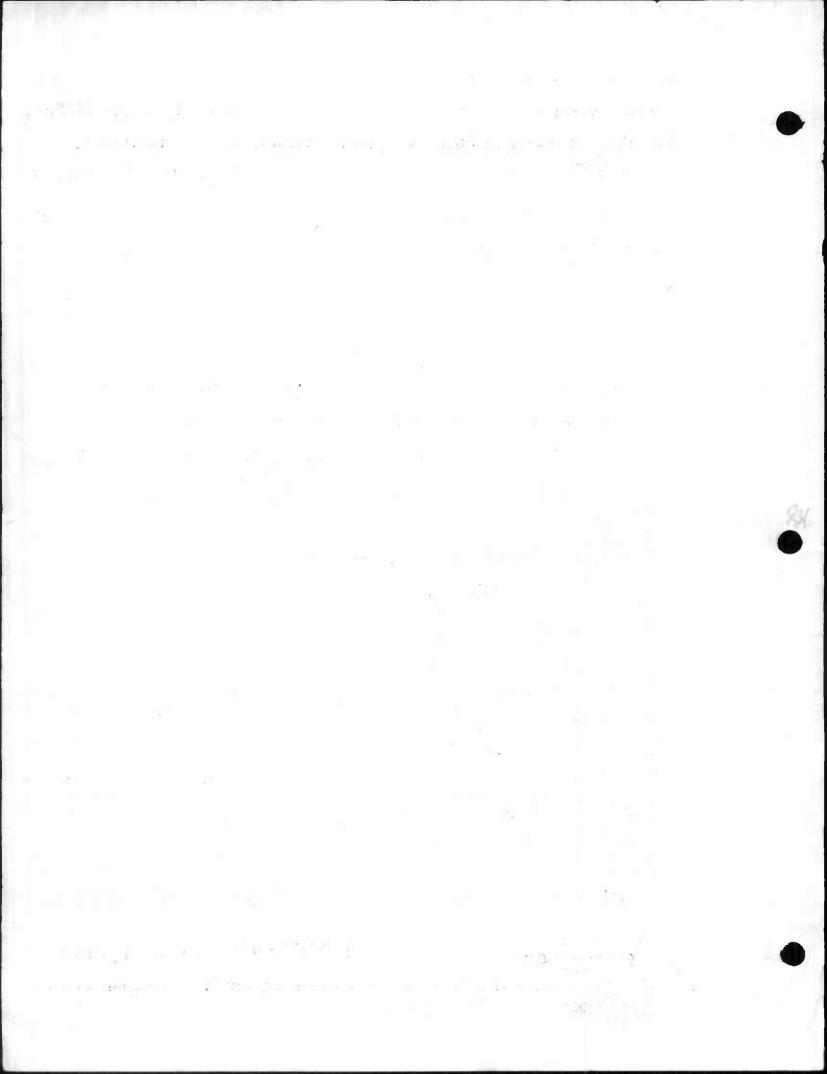
29d. Dete signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

pleted cause of deeth (item 23e) (Type, Print)

22 S. Greene St Belfmare, MD 21201 traumanis, M.D. UMMS 31. Dete filed (Month, Day, Year)
JUN 0 4 1997

28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Abrams May 7.20R4 1997 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Northwest Hospital center Randallstown, MU BALTIMORE 8. Dete of Birth (Month, Dey, Yeer MAY 25, 1 If Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 1 Yeer Birthplece (State or Foreign Country) Deys Months 1 M 2 F Yrs 160-24-7853 66 Usuel Residence of Decedent 10a. Stete 10c. City, Town or Location 10d. Inside City Limits MD BALTIMORE BALTIMORE 1 ☐ Yes 2 ☐ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 7920 SCOTTS LEVEL ROAD 21208 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 XXo If Yes, Give 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11. Maritel Status 14. Race - American Indian, Black. White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2KXVo Specify: Specify: WHITE 3 Widowed 4 Morced Year or Dates: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 8 NONE NONE 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) LOUIS **ABRAMS** SARAH GRIFE 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) BARBARA CORSON (SISTER) 3605 SIPLER LA; HUNTINGDON VALLEY, PA 19006 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Berial 2 Cremetion 3 Demovel from Stete 4 Donetion 5 Other (Specify) MONTEFICRE JUNE 2, 1997 FOX CHASE, PA 22. Name end Address of Fecility SOL LEVINSON & BROS, INC. 8900 REISTERSTOWN RD; PIKESVILLE, MD 21208 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Immediate Cause (Final disease or condition resulting In death) · Canjorspinitory Due to (or es e consequence of) chronary embolism ongestive If ear Failure 23b. Did tobacco use contribute to the cause of death? 17 Yes 2 No 3 Probably 4 Unknown 24a. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 1 ☐ Yes 2 1 No 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

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Completed

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To

Certification:

Medical

the death certificate be executed

Box 68760,

of Vital Records, P.O.

The law requires should t

this certificate Physician:

Physician

/Medical

Examiner

Funeral

Director

23s or 28s-f show

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permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is marked oth any Injury or other traumatic svent 2008.

filed within 72 hours after Hygiene.

Baltimore, Maryland 21215-0020

Director

Funeral

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the Medical Examiner must be notified at

Physician/Medical Examiner physician end the burial-transit Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting in deeth) Lest 98 950

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

25. Wes case referred to medical exeminer?

1 Yes 2 No 27. Menner of Deeth 1 Naturel 5 Pending investigation

2 Accident 6 Could not be determined 3 ☐ Suicide 4 Homicide

Hospitel: 1. Inpatient 2 ER/Outpetient 3 DOA 28a. Dete of Injury (Month, Dey Year)

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

26. Place of Deeth (Check only one)

wallstown, 40 - KeVIN K

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29e. Certifier (Check only one) Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, and due to the ceuse(s) end menner steted.

29b. Signeture and title of certifier

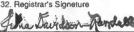
29c. License number

29d. Dete signed (Month, Dey, Year)

30. Name and eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

Mo spital Lenter North nest 31. Date filed (Month, Day, Year) 32. Registrar's Signeture

JUN 0 4 1997



State Registrar

To the

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** pymor /Medical 4b. City, Town, or Location of Daath 4e. Fecility Name (If not institution, give streat and number) Examiner RANDALLSTOWN BALTIMORE NORTHWEST HOSPITAL CENTER 7. Aga (In yrs. last birthday) If Undar 1 Year 5. Social Sacurify Number If Under 24 Hrs. 8. Data of Birth (Month, Day,) DEC . 3 9. Birthplaca (Stata or Foraign **Funeral** XDM 2DF Days NEW JERSEY Yrs. Director 75 145-22-7813 1921 Usual Residence of Dacadant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show r than "natural", or items 23a or 28a-f show BALTIMORE BALTIMORE 1 ☐ Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 5 WINDBLOWN CT., APT. 301 21209 USA Funeral 72 hours after death 12. Wes Dacadant Evar in U,S. Armed Forcas? XXYes 2 □ No If Yes, Giva Year or Dala¥WXII Was Dacedanf of Hispenic Origin? (Specify Yas or No If Yas, specify Cuban, Maxican, Puerto Rican, etc.) Race - American Indian, Black, Whita, atc. 1 Nevar Marriad 2 Married 1 Yas 2 No Specify. WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education 16b. Kind of Business/Industry (Spacify only highast grada completed) Elementary/Secondery (0-12) College (1-4or 5+) 5 INSTRUCTOR SALES & MANAGEMENT markad other Baltimore, Maryland 17. Fathar's Name (First, Middle, Last) permit. Pages 1 and 2 should be flik Department of Health and Mental Hy Important: If Item 27 Is marked oth any Injury or other traumetic event 18. Mothar's Nama (First, Middla, Maidan Sumame) Be ALTSHELER **JOSEPH** REBECCA ROSAINSKY 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) SHIRLEY_ALTSHELER_(WIFE) 5 WINDBLOWN CT., APT. 301 21209 BALTO., MD 20b. Plece of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from State 4 □ Donation 5 □ Ofhar (Specify) BETH EL MEM. PARK 6/1/97 RANDALLSTOWN, MD 21. Signature of Junaral Sarvica I Icensea Name and Address of Facility BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intervel Batwaan Onset and Death **Physician** /Medical Immadiate Causa (Final disease or condition resulting in death) **Examiner** Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disease or injury that Initiated avants resulting in death) Last Box 68760. Physiclan/Medical Due to (or as a consequence of) P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 | Yes 2 X No 3 Probably 4 Unknown Division of Vital Records. þ Completed 24b. Were eutopsy findings evelleble prior to 24a. Was an autopsy parformed? complation of cause of death? certificate 1 Yas 1 Yas 2 No or Attending Physician: 25. Wes casa rafarred to medical axaminar?

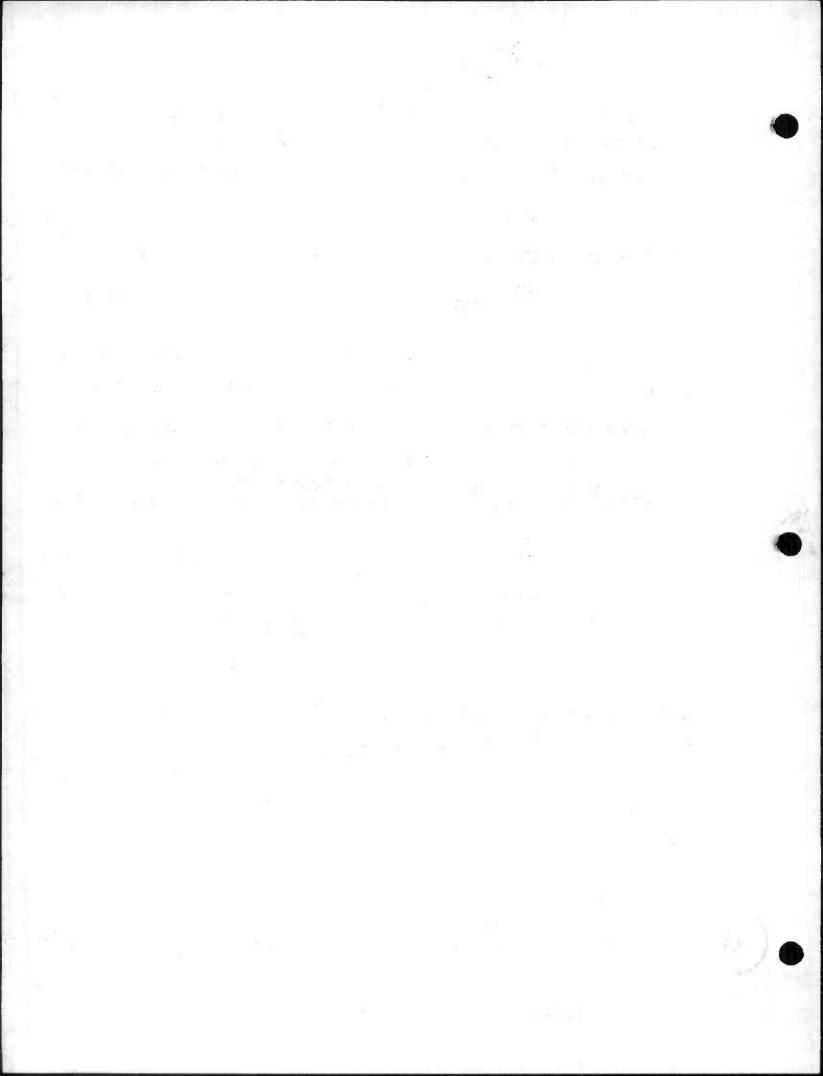
1 ☐ Yas No Be 26. Pieca of Daath (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2KER/Outpatient 3□ DOA 2 1 Inpatiant After this 27. Manner of Daath Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred Natural 2 Accident 5 Panding 1 ☐ Yas 2 ☐ No death. Invastigation after death 3 Suicide 6 Could not be detarmined 28e. Pieca of Injury - At home, farm, street, factory, office building, etc. (Spacify) 28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata) in by 4 T Homicide hours 29a. Cartifian Cartifying Physician: To the best of my knowledge, deeth occurred at tha time, date end place, and due to the ceusa(s) and mannar as stated.

2 Medical Examiner: On the basis of axaminetion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the Medical (Check only one) inetion and/or Investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) 29b. Signature and title of 29d. Data signed (Month, Day, Year) 30. Nema and a price bender one jete Vigus of death (Itam 23e) (Typa, Print) 31. Data filed (Month, Day, Year) Signatura

ulia Davidson

JUN 0 4 1997

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Daath 3. Time of Death **Physician** Month 5 /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner HOS if Under 24 Hrs. 8.1
Hours Min. (al lemor ta lalbot 6. Sex 1 M 2□ F If Under 1 Year 5. Social Security Number 7 Age (In yrs. lest birthday) Birthpiace (Stata or Foreign Country) **Funeral** Months Days N.A Yrs. Director Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1□ Yes 250 No 105 Director 28a-1 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò Examiner must be Herns 23a 21 6 Funeral . Was Decedant Evar in U,S. Armed Forces? 1 Yes 2 No If Yes, Give 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race -Amarican Indian, Black, Whita, atc. 72 hours after 1 Nevar Married 2 Marriad Baltimore, Maryland 21215-0020 'natural', or 1 ☐ Yes 2 No Specify: White by f Yes, Give 3 ☐ Widowed 4 ☐ Divorced Completed The Medical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Businass/Industry filed within Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) . A. marked other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Surneme) Be Pages 1 and 2 should be Health and Mental Kolano Important: If Item 27 is m any injury or other traum once. 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Marie 1579 Imother MD 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crametery or other piece) 20c. Location - City or Town, State Date T 1 ☐ Buriai 2 ☐ Cremation 3 Ramovai from State 4 Donation 5 Other (Spacify) 21. Signature of I ²² Name and Address of Facility State Anatomy Board, 655 W. Baltimore Street Konald Wade/ Director Baltimore, Maryland 21201 Part 1. Enter the disease, or complications that caused tha death. Do not enter tha mode of dying, such as cerdiac or raspiratory arrest, lock, or heart failura. List only one cause on each line. **Physician** /Medical Immediate Cause (Final disease or condition resulting in daath) Examiner Due to (or as a consequence of): Physician/Medical Examiner UNKNOWN orioamnion Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disaasa or Injury that initiated avents resulting in death) Last Due to (or es a consequenca of): Dua to (or as a consequence of): Hospital or Attending Physician: The law requires that the death certi P.O. Box 980 ō sate has been signed by the a page 2 should be detached to Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the causs of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown Division of Vital Records, b Be Completed 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? certificate 2 2 No 1 Yes 1 ☐ Yes 2 ☐ No director, 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Npatient 2 ER/Outpatient 3 DOA After this filled in by the funeral 27. Manner of Death Certification: 28d. Dascribe how Injury occurred 28b. Time of 28c. injury at Work? Year 5 Pending investigation 1 Meturai death. 1 Yas 2 No 2 Accidant To the Hospital or Attend within 24 hours after death To the Funeral Director:. 3 Sulcide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homleide Medicai 29a. Certifier Certifying Physician: To tha best of my knowledge, daeth occurred at the tima, date and place, and dua to tha cause(s) and mannar as stated. completely 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. Licansa number 29d. Date signed (Month, Day, Year) 30. Nama and address of person daath (Item/23a) (Type, Print) 31. Date filed (Month, Dey, Year) 62. Begistrus Signature State

DHMH t6 Rev 6/95

Registrar

JUN 04 1997



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Day Vaar /Medical 4a. Facility Name (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Examiner Laston funder 24 Hrs. 8. Dat Ston 00 6. Sax Aga (In yrs. last birthday)
Yrs. If Undar 1 Yaar 8. Data of Birth (Month, Day) Birthplaca (State or Foreign Country) **Funeral** Months Days Hours Director Usual Rasidanca of Dacedani 10a. Stata 10b. County 10c. City, Town or Location 28a-f show 10d, Insida City Limits the Medical Examiner must be notified at Director 1 Yas 2 No 15 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ò 5 Items 23a Funeral d 12. Was Decedant Evar In U,S. Armad Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Raca - Amarican Indian, Black, Whita, atc. filed within 72 hours after Navar Marriad 2 Marriad Baltimore, Maryland 21215-0020 9 1 Yas 2 No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorcad "natural", Completed 15. Decedant's Education 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 16b. Kind of Businass/Industry (Specify only highast grada complated) permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: if item 27 is marked other than any Injury or other traumatic event, the lives of the traumatic event, the lives of the traumatic event, the lives of the traumatic event, the lives of the traumatic event, the lives of the traumatic event, the lives of the traumatic event, the lives of the traumatic event, the lives of the traumatic event, the lives of the traumatic events. Elementery/Secondary (0-12) Collega (1-4or 5+) IA NIA 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Michael Koland Mother 19a. Informant's Neme/Ralationship (Type, Print) 19b. Meiling Address (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Marie Meeks 15790 15 boro, MD 21636 20c. Location - City or Town, Stata 501 Golds boro 20b. Placa of Disposition (Name of cematary, cramatory or other place) Data 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 Ramoval from Stata 4 Donation-5 Othar (Specify) 21. Signatura of Funeral Sarvice Licensae, Wade, ²² Name and Addrass of Facility Board, 655 W. Baltimore Street Director wale Baltimore, Maryland 21201 art . Entar tha disaasa, or complications that causad tha daath. Do not antar tha mode of dylng, such as cardiac or respiratory arrest, book, or heart failure. List only one cause on each line. Approximate Intarval Batween Onset and Death Physician /Medical immediata Causa (Final at 16-21 wks disaasa or condition rasulting in deeth) Examiner Dua to (or as a consequence of): Examiner 10amnion MUKNOWH Sequantially list conditions, if any, laeding to Immadiata causa. Enter Undartying Cause (Diseasa or injury that initiated evants resulting in daath) Last Dua to (or es a consaquance of): Box 68760 Physician/Medical The lew requires that the death certificate the Dua to (or as a consequance of): 80 esn. to P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 1 Yes 3 Probably 4 Unknown Records, þ director, page 2 should be 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of causa of death? certificate has 2 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director, to Be 25. Was casa rafarred to medical 26. Placa of Daeth (Check only ona) axaminar Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatiant Certification: To 2 ER/Outpatient 3 DOA 27. Mannar of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 ☐ Sulcida 28e. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homleide Certifying Physician: To the best of my knowledge, daath occurred at tha time, dete and place, end dua to tha cause(s) end mannar as stated.

Medical Examinar: On tha basis of examination end/or investigetion, in my opinion, deeth occurred et tha time, dete and placa, end due to tha causa(s) and mannar stated. Medical 29a. Cartifiar (Check only one) 29b. Signatura and titla of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Year) pleted causa of daath (Hem 23a) (Type, Print) 30. Nama and address of perso chmans Registrar's Signatura 31. Data filad (Month, Day, Year) State

DHMH 16 Rav 6/95

Registrar

JUN 041997

ATT I PARE

State of Maryland / Department of Health and Mental Hygiene 97 16821

| | | | | | Certificate (| of Death | | Reg. No. | , | 10021 |
|--|------------------------|--|--|--------------------------|---|--|---|--------------------------------|-----------------------------------|---|
| Physici | an | 1. Decedent's Name (First, Middle, Las | | - 8 | | | 2. Data of De Month | ath Day | Year | 3. Time of Death |
| /Medi | | Lawrence Donald | | | | | June | 1 | 1997 | 9:00 PM |
| Examir | ner | 4a. Facility Name (If not Institution, give Baltimore Rehabili | tation Ex | | | | ore | N/A | | |
| Funeral Director | | 5. Social Security Number 6. Security Number 219–16–4333–A Usual Residence of Decedent | ex 7. Age M 2□ F | 73 Y | day) If Under 1 Y Months Da | aar If Undar 24 Hrs ays Hours Min | 8. Date of Bir (Month, Di September | 24,1923 | 9. Birthp Coun Mary | iaca (State or Foreign itry) land |
| arylend ehow | | 10a. Stata 10b. County | | 10c. City, Town | or Location | | | | 1 | 0d. Inside City Limits |
| the Maryle 28s-f ehor | ctor | Maryland N/ | 'A | Ba1 | timore | | | | | 1 X Yes 2 □ No |
| th with 23e or | Funeral Director | 10e. Street and Number 3546 Poole St. | | | 10f. Zip Coo 2121 | | | - | ited States | |
| <u> </u> | by | 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. Was Decedant I Armed Forces? 1 X Yas 2 N If Yes, Give Yaar or Dates: | | 13. Was Decedent if Yas, specify (| of Hispanic Origin? (Cuban, Mexicen, Puer No Specify: | Specify Yas or No rto Rican, etc.) | 14. Rad Blad Specify | e - Americ ck, White, White | atc. |
| E 2 | Completed | 15. Decedent's Elementary/Secondary (0-12) | ucetl <i>on</i> de completed) Coilege (1-4or 5 | (+) | Decedent's Usual Oc Give kind of work do iiie. DO NOT usa re dar techr | cupation 16b. Kind of Businass/Indu ne during most of working irred) | | | dustry | |
| be filed tal Hygid d other | Be Co | 17. Fathar's Nama (First, Middla, Last) | | 20 | 00011 | | me (First, Middle | | | |
| Mai yiaila 2.12 d 2 should be filed with the end Mental Hygiene. 27 is marked other than treumatic event, the | ToB | Lawrence Fowke Bri | .cker | | | Paul: | ine Love | 11 Brady | y | |
| ten 27 in marks the strength of the strength and Mer ten 27 is marks other treumatic | | 19a. Informant's Name/Relationship (7 | ype, Print) | 19b. | Mailing Address (St. | reet and Number or F | lural Route Numb | er, City or Town, | Stete, Zip | Code) |
| 2 P = 2 = | | Mary Regina Bricke | er/wife | | 6 Poole S | | imore, M | D 2121 | L | |
| t He t | | 20a. Method of Disposition 1 Buriai 2 Cremation 3 Di | Removal from State | 20b. Piace of I cemetery | Disposition (Neme of cremetory or other | of : plece) | Date | 20c. Location - | City or To | wn, State |
| Pages ment of ant: If h | | 4 Donstlon 5 Other (Specify | | Garr. F | | eran Cem. | | | | |
| permit. Pages 1 er Department of Hee Important: If Nem: eny injury or other | | 21. Signatura of Funaral Sarvice Licens | NO MIN | | 22. Name and A | ddress of FacilityMi | tchell-W | iedefelo | d Hom | e, Inc. |
| 20529 | | Copy H Mitch | ell | | | | 00 York 1timore, | MD 21: | 212 | |
| | | 234 Mrt1. Enter the disease, or comp thock, or heart failure. List only of | olications that caused one cause on each lin | the death. Do no | t entar tha moda of | dying, such as cardia | ac or respiratory a | rrest, | | Approximete Interval Between |
| Physician | | | .0 1 | | 0 . | | | | | Onset and Death |
| /Medical Examiner | | Immediate Causa (Final disease or condition resulting in death) | · Pulm | onary | 6mb | olism | | | | 2 Days |
| | P | | | Due to (or as a co | ensequence of): | | | | 1 | |
| uted Insit | edical Examiner | | b | D | | | | | <u> </u> | |
| ertificate be executed ding physician and se as the bunal-transit | Еха | Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury | | Due to (or as a co | insequence of): | | | | | |
| flicete be ex g physician as the burial | cal | nat infliated events | | | | | | | | |
| g phy as th | Pa | resulting in death) Last | , | Due to (or as a co | nagquanca orj. | | | | | |
| daath certifice attending ph d for use as th | M/VI | | d | | | | | | <u>i</u> | |
| daath e atter | sicie | Part ii. Other eignificant conditions co | entributing to death bu | at not resulting in | he underlying cause | e given in Part i. | 23b. Did | tobacco uee co | ntribute to | the cause of death? |
| es that the daath cer igned by the attendin be detached for use | by Phy | Cerebral Vascul | ar accid | lent, 1 | Lower | | 10 | Yee 212 No | 3 Prot | bably 4 Unknow |
| aw requir | Completed by Physician | gastrointestino | al bleed | , Hy | perfens | sion, | 24a. Was | an autopsy ormed? | ava coi | ere autopsy findings allable prior to mpletion of cause death? |
| | Con | Gout, Angin | a | | | | 10 | Yes 2 No | 10 | ☐Yes 2☐ No |
| Physician: The I this certificate he ral director, page | Be | 25. Was case refarred to medical axaminar? | | | | | eath (Check only | one) | | |
| Physic this o | 2 | 1 Yas 2 No | Hospitai: | | | | Home 5 ☐ Resi | | | y)(y) |
| 2 2 5 | lon | 27. Manner of Death 1 D Naturai 5 □ Pending | 28a. Data of Injur (Month, Day | Year) 28b. Ti | | Injury at Work? | 28d. Describe | how injury occur | red | |
| To the state of th | Certification: | 2 Accident Suicide 6 Could not be determined each entermined street and Number or Rurel Rock Suicide 286. Place of Injury - At home, farm, street, factory, office 286. Location (Street end Number or Rurel Rock) | | | | | | I Routs Number | | |
| JH | ertii | 4 ☐ Homicida determined | building, etc | . (Specify) | i, Straat, ractory, on | | City or To | | 01 11010 | , riosta riomos, |
| Hospital 24 filters Fundaj eteky filler | edicai C | 29a. Certifier (Check only one) | rsician: To the best of inar: On the besis of and manner sta | examination and | death occurred at the or investigation, in r | ne time, date and plac πy opinion, death occ | e, and dua to the turred at the time, | ceuse(s) and madate and place, | anner es st and due to | lated. o the cause(s) |
| To the Ho within 24 n To the Fur completes | Me | 29b. Signature and title of certifier | 0 | | 29c. Lic | cense number | | 29d. Date signe | d (Month, | Day, Year) |
| 1 | | > Pup le | 6h | - M | / | 032548 | | June | 3, 19 | 97 |
| 5 | | 30. Name and eddress by person who c | ompleted cause of de IO N. Gree | | | MD 21201 | Balto. | VA Medi | cal C | eneter |

DHMH 16 Rev 6/95

State Registrar

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State of Maryland / Department of Health and Mental Hygiene

| | | 1. Decadent's Neme (First, Middle, | (get) | | | icate of | | 0.001-1/0 | Reg. No. | | 0.71- |
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| hysician | ٦ | Constar | | Br | unner | | | 2. Date of Do | Dey | da 2 | 3. Time of D |
| /Medical | _ | 4a. Facility Neme (If not Institution, | give street and number | or) | | | 4b City Town | or Location of Dea | | ty of Daeth | 031 |
| xamine | | / 1 | norial | Hos | 5.11 | | RILIN | 0.1 | W N/ | | |
| neral | 7 | | 6. Sex 7. / | Age (In yrs. | | Under 1 Yaar | | | nth | | plece (Stete or i |
| ector | - | 224-34-5776 Usual Rasidence of Decadant | 1□M 2⊠F | 65 | Yrs. | onths Deys | Hours M | lin. (Month, D Sept1 | 0,1931 | Virg | inia |
| Maria Maria | | 10e. Steta 10b. County | | | ty, Town or Locetio | | | | | 1 | 0d. Inside City |
| ne notified at | 2 1 | Maryland N/ | 'A | | Baltimo | re | | | | | 1 Yas 2 |
| iner must be notified | | 10e. Street end Number 1203 Morling | Avenue | | 10 | Of. Zip Code 21 | 211 | | 10g. Citizen o | | ntry? |
| A A | 2 | 11. Maritel Status 1 □ Never Married 2 ☑ Merrie 3 □ Widowed 4 □ Divorced | 12. Wes Deceder Armed Forces d 1 Yes 2E If Yes, Giva Yaar or Detes | ŽNo | If Yas | Decedent of I s, specify Cub res 2 1 No | | (Specify Yes or Neerto Rican, etc.) | Spec | aca - Americ ack, White, ify: | |
| A | | 15. Decadent's (Specify only highast | Education arede completed) | | 16e. Dacadent's | Usuel Occup | petion during most of y | workina | 16b. Kind of | Business/Inc | dustry |
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| | | Unknown 17. Fether's Nama (First, Middle, Li | nost) | | Home | maker | 40.14.05.04.1 | 1- /- 4 4 1 4 11 | C) | n. L | 1000 |
| Be | 0 | Grover Cley | | A 1 1 | mond | | Dai | Nema (First, Middle | | ime) | |
| To To | | 19a. Informent's Neme/Relationshi | | ,,,,,, | | Idaaa (Ctaaa | | <i>-</i> 1 | | | 21 |
| her trau | | Arthur Brunn | | | 1203 | Morl | ing Av | enue, B | altimo | re, l | Maryla |
| 8 | 1 | 20e. Method of Disposition 1 □ Burial 2 □ Cramation 3 | B □Removel from State | 9 0 | Piece of Disposition cemetery, cremetory | y or othar ple | , | Dete | 20c. Location | | 000 |
| in in | - | 4 Donetion 3 Other (Spe | | Du | laney Va | | | 6/5/97 | | ysvı | lle,MD |
| any ir | | 21. Signature of Furieral Service Li | B. W | 111 | | | | uneral d, Balt | | 212 | |
| 11.5 | | 23e. Part1. Enter tha disease, or conshock, or haart failure. List or | omplications that cause | ed the deat | | | | | | | Approximete |
| ician | 1 | shoot, of flact failure. Elst of | ily one ceasa on eech | | | o mode or dyn | ng, such as card | or . aspirator, | | | Later and Control |
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| ineral director, page 2 should be detached for use as the burial-transit on property of the pr | | disasse or condition rasulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events resulting in deeth) Lest Pert II. Other significant conditions 25. Wes casa referred to medical axaminer? 1 □ Yas 2 □ No 27. Manner of Daath 1 □ Naturel 5 □ Pending | b. NCC. c. d d a contributing to death Hospitel: 1 1 Inpat 28a. Dete of Inj (Month, D | Due to (co | or as a consequence or as a consequence of the undarky services of the undarky | pe of): Security a of): a of): ying cause give DOA Other 28c. Injur Wor | yen in Pert I. 26. Plece of D ner: 4□ Nursing y et | 23b. Did 1 □ 24a. Was perfo | tobacco uss c Yes 2 No en eutopsy ormad? Yes 2 No one) | ontributs to 3 Prot 24b. We ave cor | Interval Betwee Onset end De J hou 3 we sthe causs of cably 4 under a autopsy find silable prior to moletion of cause the cause of the |
| ineral director, page 2 should be detached for use as the burial-transit on property of the pr | | disasse or condition rasulting in deeth) Sequentlelly list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury thet initiated events resulting in deeth) Lest Pert II. Other significant conditions 25. Wes casa referred to medical axaminer? 1 Yas 20 No 27. Manner of Daath 1 Naturel 5 Pending investigat 3 Suicide 6 Could not | b. MCC. c d a contributing to death Hospitel: 1 1 1 Inpat 28a. Dete of Inj (Month, B) | Due to (co Due to (co Due to (co Due to (co Due to (co Due to (co Due to (co Due to (co Due to (co Due to (co | or as a consequence or as | DOA Off | ven in Pert I. | 23b. Did 1 | tobacco uss c Yes 2 No en eutopsy mad? Yes 2 No one) denca 6 Oo how injury occu | ontributs to 3) Protein 24b. We ave cor of a limiter (Specify irred | Interval Betwee Onset end De I hour 3 we state cause of a babby 4 under th |
| ineral director, page 2 should be detached for use as the burial-transit on property of the pr | | disasse or condition rasulting in deeth) Sequentlelly list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury thet initiated events resulting in deeth) Lest Pert II. Other significant conditions 25. Wes casa referred to medical axaminer? 1 Yas 2 No 27. Manner of Daath 1 Naturel 5 Pending investigat | b. MCA c. d. d. Hospitel: 1 la Inpat 28a. Dete of In (Month, D. Inpat) 28a. Pleca of In (Month, D. Inpat) | Due to (co Due to (co Due to (co Due to (co Due to (co Due to (co Due to (co Due to (co Due to (co Due to (co | or as a consequence or as | DOA Off | yen in Pert I. 26. Plece of D ner: 4□ Nursing y et | 23b. Did 1 | tobacco uss c Yes 2 No en eutopsy omad? Yes 2 No one) denca 6 Or how injury occu | ontributs to 3) Protein 24b. We ave cor of a limiter (Specify irred | Interval Betwee Onset end De I hour 3 we state cause of a babby 4 under th |
| ineral director, page 2 should be detached for use as the burial-transit on property of the pr | 2 | disasse or condition rasulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury thet initiated events resulting in deeth) Lest Pert II. Other significant conditions 25. Wes casa referred to medical axaminer? 1 Yas 2 No 27. Manner of Daath 1 Naturel 5 Pending investigat 3 Suicide 6 Could not determine 4 Homicide 29e. Cartifiar (Check only 2 Medical Ex | b. MCA c d a contributing to death location in the location in t | Due to (co | or as a consequence or as | DOA Ott 28c. injur Wor 1 | ven in Pert I. 26. Plece of Der: 4 Nursing yet rk? Yes 2 No | 23b. Did 1 | tobacco uss c Yes 2 No en eutopsy mad? Yes 2 No one) denca 6 Oo how injury occu | ontributs to 3) Prot 24b. We ave cor of c 1 E | Interval Betwee Onset end De J hour 3 we state the cause of the cause |
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| ineral director, page 2 should be detached for use as the burial-transit on property of the pr | 2 2 | disasse or condition rasulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter Undarlying Cause (Disease or Injury thet initiated events resulting in deeth) Lest Pert II. Other significant conditions 25. Wes casa referred to medical axaminer? 1 Yas 2 No 27. Manner of Daath 1 Naturel 5 Pending investigat 3 Suicide 6 Could not determine (Check only one) 29b. Signature and title of entitler | b. MCC. c | Due to (co | or as a consequence or a consequence or a consequence or a consequence or a consequenc | DOA Ott 28c. Injur Wor 1 actory, offica | ven in Pert I. 26. Piece of Dier: 4 Nursing y et rk? Yes 2 No | 23b. Did 1 | tobacco uss c Yes 2 No en eutopsy mad? Yes 2 No one) denca 6 Oo how Injury occu Street end Num wm, Stete) ceuse(s) end m date end pleca 29d. Date sign | ontributs to 3) Protein Protei | Intarval Betwee Onset end De Interval Betwee |
| ineral director, page 2 should be detached for use as the burial-transit on property of the pr | 2 2 | disasse or condition rasulting In deeth) Sequentlelly list conditions, if any, leeding to immediate cause. Enter Undaryling Cause (Disease or Injury thet initiated events resulting In deeth) Lest Pert II. Other significant conditions axaminer? 1 | b. MCC. c | Due to (co | or as a consequence or a consequence or a consequence or a consequence or a consequenc | DOA Ott 28c. Injur Wor 1 actory, office 29c. Licens A T 6 | ven in Pert I. 26. Piece of Dier: 4 Nursing yet k? Yes 2 No me, deta end ple pinion, daath oc se number | 23b. Did 1 | tobacco uss c Yes 2 No en eutopsy mad? Yes 2 No one) denca 6 Or how injury occu Street end Num wn, Stete) ceuse(s) end m date end pleca 29d. Date sign Tunc | ontributs to 3) Protein Protei | Intarval Betwee Onset end De Interval Betwee |

DHMH 16 Rev 6/95

Constance

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Brunner

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM#20a FLM#G748 PER F.H. 6/4/97 J.A. Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** MAY 30, WILLIAM OTTO 1997 10:25 PM /Medical 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** 3301 KEYSER ROAD BALTIMORE BALTIMORE | If Under 24 Hrs. | 8. Data of Birth (Month, Dev. Year) | SEPT 21, 1 5. Social Security Number If Undar 1 Year 7. Aga (In yrs. last birthday) **Funeral** 1 GM 2 □ F Months Days 80 Yrs. Director 112-01-4609 **GERMANY** Usual Rasidance of Decedant with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits ns 23a or 28a-f short BALTIMORE 1 ☐ Yas 2 📆 💢 o Director BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 3301 KEYSER ROAD 21208 USA Funeral natural, or items 12. Was Decadant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxicen, Puarto Rican, atc.) 11. Marltal Status 14. Race - Amarican Indian Black, Whita, atc. filed within 72 hours after 1 Navar Married 2 Narried WYas 2 No WWII 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ WHITE 3 Widowed 4 Divorced Yaar or Datas: Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Hygiene. Elemantary/Secondary (0-12) Collaga (1-4or 5+) OWNER STUART KITCHENS Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) Be 18. Mothar's Nama (First, Middla, Maidan Sumama) Pages 1 and 2 should be nent of Health and Mental SAMUEL BERKIS MARGARETHE 27 is marked traumatic UNKNOWN 2 nt of Health and M I: If item 27 is man y or other traumat 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Steta, Zip Coda) ARLENE BERKIS (WIFE) 3301 KEYSER ROAD; BALTIMORE, MD 21208 20a. Mathod of Disposition 20b. Place of Disposition (Nama of Data 20c. Location - City or Town, Stata 1 Adrial 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 Other (Specify ENT OMBMENT cematary, cramatory or other placa) permit. Page Department of Important: If any Injury or HAR SINAI JUNE 1, 1997 OWINGS MILLS, MD 22. Nama and Addrass of Facility SOL LEVINSON & BROS, INC. 8900 REISTERSTOWN ROAD, PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or comshock, or heart failure. List only inplications that caused the death. Do not anter the mode of dying, such as cerdiac or respiretory errest, one cause on each line. Approximete Interval Between Onsat and Death Physician Cladder Cano Immediata Causa (Final disaasa or condition rasulting In daath) /Medical **Examiner** Sequentially list conditions, if any, laading to immadiata ceusa. Enter Underlying Causa (Disease or Injury that initiated avants rasulting in death) Last Dua to (or as a consequence of): Box 68760, 8 Physician/Medical gra Dua to (or as a consequence of): P.0. Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Noknown Records, þ 24b. Were eutopsy findings available prior to 24a. Was an autopsy performed? completion of ceusa of daath? 1 TYas 2 No Be 25. Was cesa rafarrad to medice 26. Placa of Deeth (Chack only ona) axaminar? Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 10 1 Yas 2 5 Rasidance 6 Othar (Specify) to 7 27. Mannar of Daath 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred Division Natural 5 Pending invastigation 1 ☐ Yas 2 ☐ No 2 Accidant Director 3 Suicida 6 Could not be determined 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide à

Hospital within 24 hours a To the Funeral C å 0

Vital

10755 31. Data filed (Month 997 State Registrar

29a. Cartifias

29b. Signature end titla of certifiar

Medical

30. Nema and addrass of person who complated ceusa of death (Item 23e) (Type, Print)

(MARY

Certifying Physician: To tha best of my knowledge, daath occurrad at tha tima, data and piece, end dua to the causa(s) and mannar as stated. Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the causa(s) and manner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the causa(s) and manner steted.

D27904

29d. Data signed (Month, Day, Year)

LUTHERVILLE MD 21098

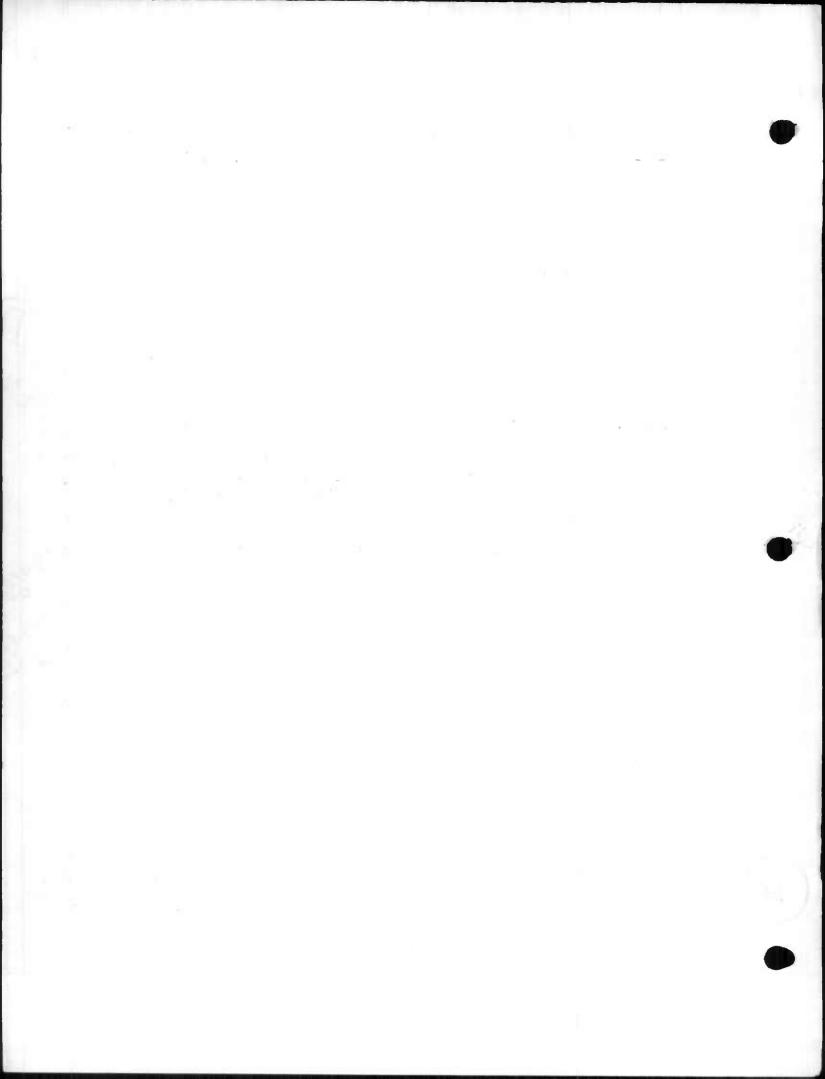
NE WMAN 29c. Licensa number

DHMH-16 Rev 1/89

| BALTIMORE, MARYLAND 21215-0020 | SICUAN: The Iaw requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician. | certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. | e medical examiner must be notified at once. | |
|---|---|---|--|--|
| DIVISION OF VITAL RECORDS, P.O. BOX 68760 | TO THE HILP INL. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 | TO THE VICENIA ORRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formal with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. | IMPORTANC: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. | |

| STATE | 0F | MARYLAND | / DEPARTMENT | 0F | HEALTH | AND | MENTAL | HYG | ENE |
|-------|----|----------|--------------|----|--------|-----|--------|------|-----|
| | | C | ERTIFICATE | OI | F DEAT | ГН | | REG. | NO. |

| | FOR 1 - STATE REGISTRAR | STATE OF MARYL | | TMENT OF H | | MENTAL HYGIEN | | | |
|----------------------|--|---|---|-----------------------------|--|--|--|-----------------------------------|--|
| | 1. DECEDENT'S NAME (First, Middle, Lest) THOMAS | | ZNS | | | 2. DATE OF DEATH MONTH D | N 194 | year 3 | 6,30 Am |
| | | 5. SEX 6. AGE (| (In yrs. lest birthday) 5 YRS. | IF UNDER 1 YEAR MONTHS DAYS | IF UNDER 24 HRS. HOURS MIN. | April 30, | 1000 | 8. BIRTHPI Country) Maru | |
| OR | 90. FACILITY NAME (If not institution, give street Church Hospital | et and number) | | 96. CITY, TOWN | OR LOCATION OF DI | EATH | | TY OF DEA | |
| DIRECTOR | RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY | | 10c. CITY | , TOWN OR LOCA | TION | | | 1 | IOd. INSIDE CITY |
| | Maryland Bal | timore | B | altimor | 2. | | 1 | | LIMITS? I YES 2 X NO IAT COUNTRY? |
| RAI | 7005 Conley Street | | | | 21224 | | | | States |
| BY FUNERAL | | 12. WAS DECEDENT EVER II FORCES? 1 VES IF YES, GIVE WAR OR D | 2 NO | 13. WAS DE | NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y: | | 14. RACE - | - American Indian, White, alc. | |
| COMPLETED | 15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 6 | TION unpleted) College (1-4 or 5 +) | life. Do NOT us | vork done during m | | 16b. KIND OF BU | | | |
| OMF | 17. FATHER'S NAME (First, Middle, Last) | | Rigger | | 18. MOTHER'S NA | AME (First, Middle, Malden | | svey | |
| BEC | Thomas Burns | | | | Cather | ine Fritz | | | |
| TO B | 190. INFORMANT'S NAME (Type/Print) Cheryl A. Patucci | (Daughter) | | | | Route Number, City or Tov Baltimore | | | d 21224 |
| | 20a METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remov 4 Donation 6 Other (Specify) | al from State ceo | D. PLACE AND DATE Of the story or of the story of the story of the story or of the story of the | of DISPOSITION (N | Comoton | OATE 20c. LC | Baltin - C | aty or Tow | n, State Maruland |
| | 21. SIGNATURE OF PUNERAL SERVICE LICEI | Gardens of Faith Cemetery 6/2/97 Balt 22. NAME AND ADDRESS OF FACILITY Duda-Ruck Funeral Home of D 7922 Wise Avenue Dundalk, | | | | | | undalk, Inc. | |
| | 23. PART I. Enter the disease or conshock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death) | | esch fina. | | | | | est, | Approximate interval Between Onset and Death |
| CERTIFICATION | Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | | A CONSEQUENCE OF | | | | | | |
| PHYSICIAN: MEDICAL O | Brain metes DID TOBACCO USE CONTRI | toses from | m lum | g lan | CIV | PERFC | RMED? | | WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO |
| CIAN | 25. WAS CASE REFERRED TO MEDICAL | HOSPITAL: | 26. PLACE OF OEA | TH (Check only one | | | | | |
| YSI | 1 TES 2 NO | Inpetient 2 - ER/Out | | | | 6 Other (Specify) | | | |
| ву Рн | 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation | 28a. DATE OF INJURY (Month, Day, Year) | 28b. TIM | JURY W | JURY AT ORK? YES 2 NO | 26d. DESCRIBE HOW | INJURY OCC | UREO | |
| | 3 Suicide 6 Could not be 4 Homicide datarmined | 28e. PLACE OF INJUR building, atc. (Spe | Y — At home, farm, ecfly) | street, factory, offi | ce | 261. LOCATION (Street City or Yown, State | Street and Number or Rural Route Number, State) | | |
| COMPLETED | (Critical Crity | PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. XAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and my opinion. | | | | | | and manner as stated. | |
| BE | 29b. SIGNATURE AND TITLE OF CHTIFFE | i ms | | | DIB | 587 | 29d. DATE | SIGNED | (Month, Day, Year) 30 1997 |
| 5 | | COMPLETED CAUSE OF D | W. BREA | DWAY | BALTI | MORE 1 | MD | 21 | 23/ |
| | 31. DATE FILED (Month, Day, Year) | 32. REGISTRAR'S SIGN | nature idson-Randa | 00 | | | | | |



CARNEY

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

| | | | | | | _ | caco |
|-----|---|-----|-----|-------|-----|-----|------|
| tem | 3 | per | MEO | G-748 | 6/3 | /97 | dhb |

1. Decedent's Name (First, Middle, Last)

Certificate of Death

| Physician |
|-----------|
| /Medical |
| Examiner |

JAMES ANTHONY CARNEY 4a. Facility Name (If not institution, giva straat and number)

MAY 28,1997 4b. City. Town, or Location of Death

4:25p.m.

Funeral Director

the Medical Examiner must be notified at

6 238

2 should be filed within 72 hours after deeth v and Mental Hygiene. Is marked other than "natural", or items 234

permit. Pages 1 end 2 st Depertment of Health and Important: If Item 27 Is m any Injury or other traun once.

Physician /Medicai

Examiner

physicien end the burial-transit

esn

signed by the a d be detached f

page 2 s

After

To the Hospital or within 24 hours aft To the Funeral Diccompletely filled in

Box 68760.

P.O.

Records,

of Vital

Division

Hospital or Attending

that the death certificete be

The law requires

Physician/Medical Examiner

by

Completed

Be

Certification: To

Medicai

Baltimore, Maryland 21215-0020

1304 W. LAFAYETTE AVE. 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday)

BALTIMORE If Under 1 Yaar If Under 24 Hrs. Hours Min.

Days

4c. County of Death

216-50-1853

Ι

Usual Residence of Decedent 10a. Stata 10b. County N/A

10c. City. Town or Location

Yrs.

8. Date of Birth (Month, Day, Year) 12-17-47

2. Date of Death Month

> 9. Birthplace (State or Foreign MARYLAND

28a-f ehow

Director

Funeral

by

Completed

Be

MARYLAND

BALTIMORE

10f. Zip Code

Months

N☐ Yas 2☐ No

10d. Inside City Limits

10e. Street and Number 1304 WEST

LAFAYETTE AVE.

21216 Was Decedant of Hispanic Origin? (Specify Yas or No-lt Yas, specify Cuban, Mexican, Puerto Ricen, etc.) U.S.A. 14. Race - Amarican Indian, Black, White, atc.

10g. Citizen of What Country?

16b. Kind of Business/Industry

1 Nevar Married 2 Married 3 Widowed 4 Divorced

12. Was Decedant Evar in U,S. Amged Forces?

1 ⊠ Yas 2 □ No If Yes, Giva 3 - 8 1 6 5 8

49

1 ☐ Yes 2 No Specify.

Specify. BLACK

15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) 12th Grade

College (1-4or 5+) years

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

MAIL SHIPPING OVERSEERER MAIL SHIPPING INDUS

17. Father's Name (First, Middle, Last)

18. Mother's Name (First, Middle, Maiden Sumame)

Date

THOMAS R. CARNEY 19a. Informant's Name/Relationship (Type, Print)

EVELYN B. WILLIAMS 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

BARBARA W. CARNEY-WIFE

20b. Place of Disposition (Name of cemetery, crematory or other place)

1351 CHILDRESS ST. WASHINGTON, D.C. 20002 20c. Location - City or Town, State

23b. Did tobacco use contribute to the cause of death?

20a. Mathod of Disposition 1 M Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

ARBUTUS MEMORIAL PARK6-3-97

ARBUTUS, MARYLAND

Entar the diseas

22. Name and Address of Facility

CAPLE FUNERAL SERVICE

or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, List only one cause on each line.

Approximata Interval Between Onset and Death

Immediate Causa (Final disaase or condition resulting In death)

a Hypertensive Atherosclerotic Cardiovasiylar Disease Due to (or as a consequence ot):

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated avants resulting in death) Last

Dua to (or as a consequence of):

Dua to (or as a consequence ot):

24a. Was an autopsy performed?

1 Yas 2 No 3 Probably 4 Unknown

Inspection

26. Place of Death (Check only one)

24b. Were autopsy findings available prior to completion of cause of death? 1 ☐ Yes 2 ☐ No

25. Was cese reterred to medical axaminer? 1X X as 2 No

Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 5 Pending investigation

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28b. Time of

28c. Injury at Work? 1 Yes 2 No

Other: 4 Nursing Homa 5 Rasidance 6 Other (Spacity) 28d. Describe how Injury occurred

29a. Certifier

27. Manner ot Death

1 Natural

2 Accident

3 Suicide

4 Homicide

6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Location (Street and Number or Rural Route Number, City or Town, Stete)

(Check only one)

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. I lcanse number

OCME

MAY 29, 1997

29d. Date signed (Month, Dev. Year)

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

S. Radentz, MD 111 Penn Street, Baltimore, Maryland 21201

Day, Yeer)

JUN 0 3 1997

June Durish Maryland 21201

Stephen S. 131. Date filed (Month, Day, Yeer)

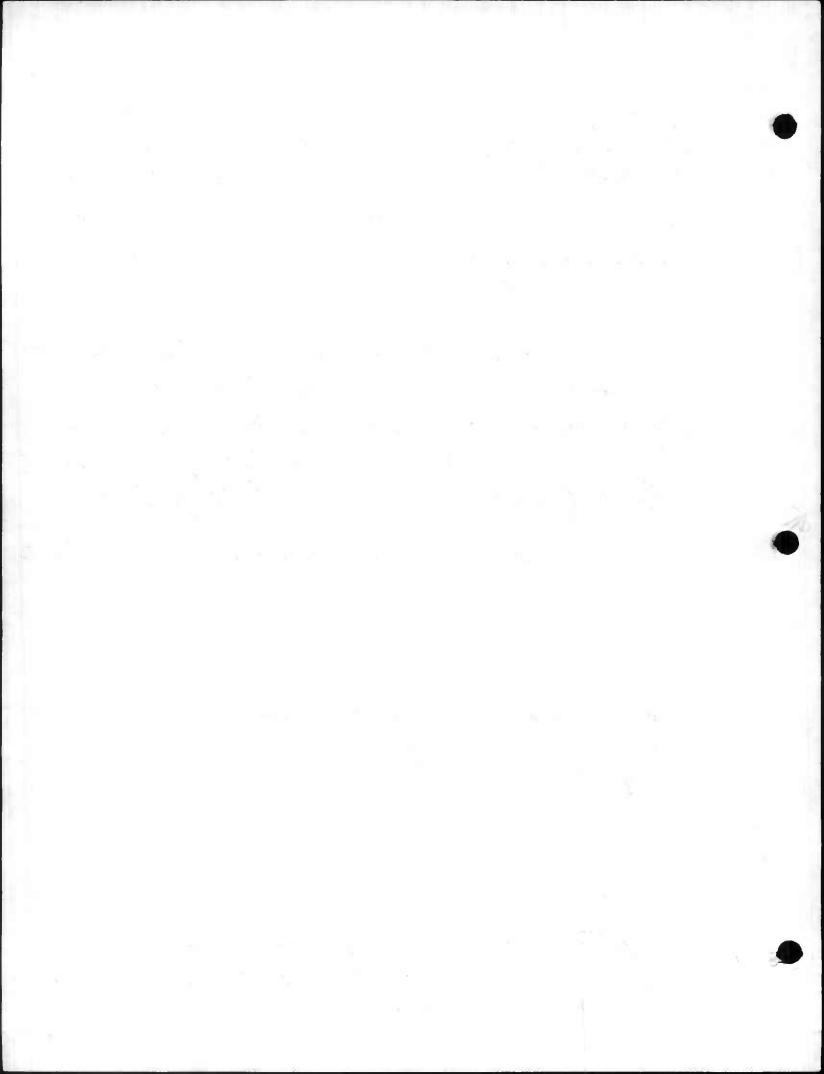
State Registrar

CA - E - 1997 E y =

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** urles une /Medical 4e Euclility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Dee Examiner Himore Decours if Under 1 Year if Under 24 Hrs. Hours Min. 5. Sociel Security Number 8. Sex 1 M 2 ☐ F Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Birthplece (Stete or Foreign Gountry) **Funeral** Deys Months 231-11-6796 Usuel Residence of Decedent 76 Yrs. Director nia the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Peges 1 and 2 should be filed within 72 hours after death with the Manylan Department of Health and Mental Hygiene.
Important: If Item 27 is marked other than "natural; or items 23a or 28a-f show any liviny or other that many the many of the transplant of the Manyland at the Ma Yes 2 No naryland Himore Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 013 Ashburton 2/1/6 14. Race - American indien, Black, White, etc. Funeral dreet Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: 11. Marital Status 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried Specify: Black Baltimore, Maryland 21215-0020 1 Yes 2 No þ 3 ☐ Widowed 4 ☑ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) Th 5 ustodia 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) nat Adam Carr 10 Jane 415a 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Street, Balto. 20b. Plece of Disposition (Neme of cometery, cremetory or other plece) md 21216 illie 5an45 20e. Method of Disposition 20c. Location - City or Town, Stete Burlai 2 Cremetion 3 Removal from State Garrison Forest Veterans 6,1997 wings Mills M 22. Name end Address of Fecility Carlton C. Douglass Funere Service 170/mcCulloh Street, Baltimore 21. Signature of Funeral Service City Funera Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiretory eyest, Approximete Intervel Between Onset end Deeth Physician /Medical Immediete Ceuse (Finai inaliquent inclanories One month diseese or condition resulting in death) Examiner burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest pue Due to (or es e consequence of): physician sthe burial of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): ate has been signed by the atte page 2 should be deteched for Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the ceuse of death? mellitur Emphysems, Chronic verel 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings evellable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed lung ceacer delp venour throubours certificate has 1 ☐ Yes 2 ₽ No 1 ☐ Yes 2 ☐ No 25. Wes case eferred to medical exeminer? 26. Place of Deeth (Check only one) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 28e. Dete of Injury (Month, Dey Yeer) 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of Division 5 Pending Investigation 1-Naturai 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Hospital within 24 hour To the Funer completely fills Lecrtifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Exeminer: On the best of examinetion end/or investigation, in my opinion, death occurred et the time, date end placa, and due to the ceuse(s) end menner stated. 29a. Certifier (Check only one) o the 29b. Signeture end title of curifier 29c. License number 29d. Dete signed (Month, Dey, Year) 20040 ann 30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print) Blud, Buttimore, Md. 21230 Washington 700 31. Dete filed (Month, Dey, Year)
JUN 0 4 1997 State

DHMH 16 Rev 6/95



| tate | of | N | lary | land | 1 | Dep | ar | tme | ent | of | H | leal | th | and | Mental | Hyg | jiene |
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| nt of Health and Mental H | ygiene | 0.7 | - | C | 0 | 0 | |
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| te of Death | Reg. No. | 21 | 1 | 6 | O | 4 | |

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3. Time of Death

Funeral Director

the Maryland 28a-f show filed within 72 hours efter death "natural".

7 is marked other than "natural", or Items 23s or 28s-f show traumatic event, the Madical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 7. Department of Health and Mental Hyglene. Important: if Item 27 is marked other than "na any injury or other traumatic event, if a Mullippine.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

The law requires that the death certificate be executed Division of Vital Records, P.O. Box 68760. signed by the e certificate or Attending Physician: this After death. by the Director:

Certifica 1. Decedent's Name (First, Middle, Last) 2. Date of Death Day Month Year ichard 31. MAY 1997 10:50AM 4a. Facility Neme (ff not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth JOHNS HOPKINS HOSPITAL BALTIMORE 7. Age (In yrs. fast birthday) If Under 1 Year 5. Sociai Security Number If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 6. Sex Birthplaca (State or Foreign Country) 18M 20 F Days 217-24-7793 68 Yrs. Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Battimore 1 -YES 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Chaster St. 21213 1724 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☑*Tes 2 ☐ No If Yes, Give Year or Dates: 11. Meritai Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 Never Married 219 Married 1 Yes 2 No Specify: þ Specity: Black 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) Commercial Credit College (1-4or 5+) Security Grade 18. Mother's Neme (First, Middle, Maiden Surname) 17. Father's Name (First, Middle, Last) Be William 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Chester St, Baltimore, MD 2/2/3 Yvonne 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State Owings Mills, MD 6-5-97 Garrison forest Vet 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerei Service Licensee 22. Name and Address of Fecility F. 41. EAST m. Krox 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between Onset and Death Immediate Ceuse (Final Arteriosclerotic Cardiovascular Disease disease or condition resulting in death) Due to (or es a consequence of) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or as a consequenca of): Physician/Medicai Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown þ 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Wes an autopsy performed? Completed INSPECTED 1 ☐ Yes 🏖 ☐No 25. Was case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) To

1 Yes 2 No

27. Menner of Death 1 Natural 2 ☐ Accident

3 ☐ Suicide

4 Homicide

5 Pending Investigation

6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of

28c. Injury at Work?

1 Yes 2 No

28d. Describe how injury occurred

29e. Certifier

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, end due to the ceuse(s) and manner as stated.

Redical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number

29b. Signature and title of cartifier

O.C.M.E

29d. Date signed (Month, Day, Year) JUNE 1, 1997

28f. Location (Street end Number or Rural Route Number, City or Town, State)

30. Name end address of person who completed arise of deeth (Item 23e) (Type, Print)

THEODORE M. KING M.D. 111 Penn Street, Baltimore, Maryland 21201 Pegipuar's Signator Andels

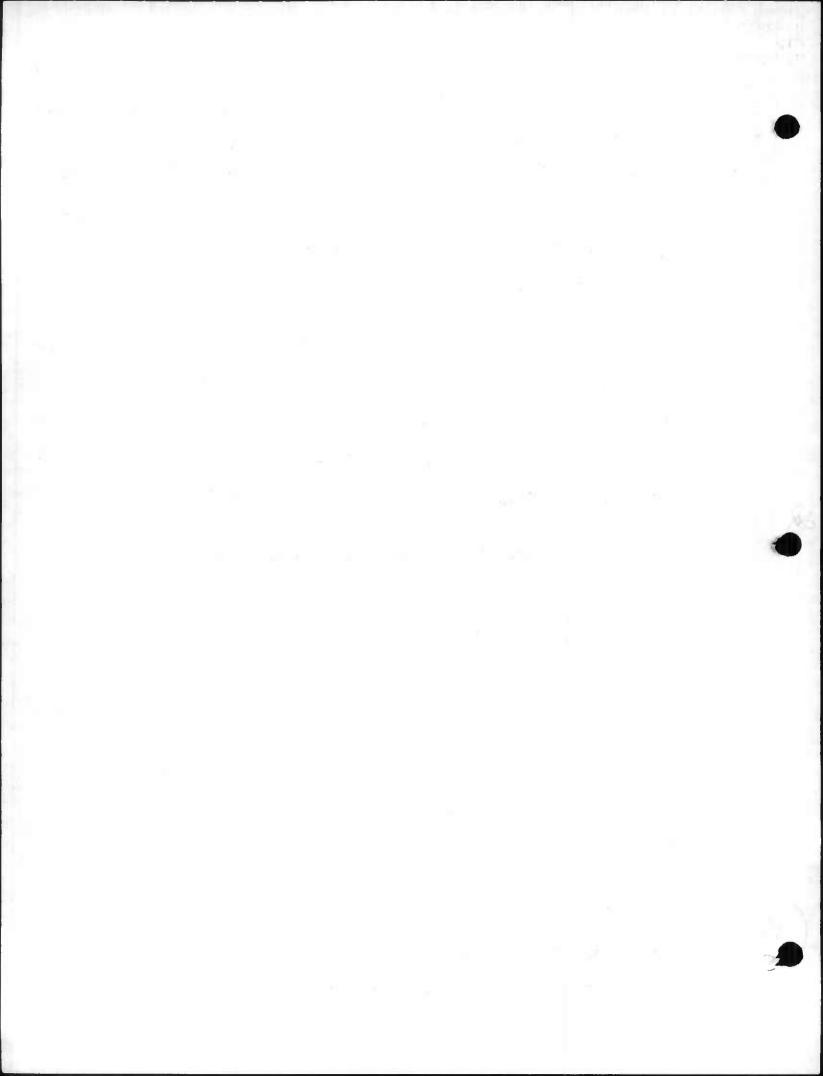
31. Date filed (Month, Dey, Year) State

JUN 0 4 1997



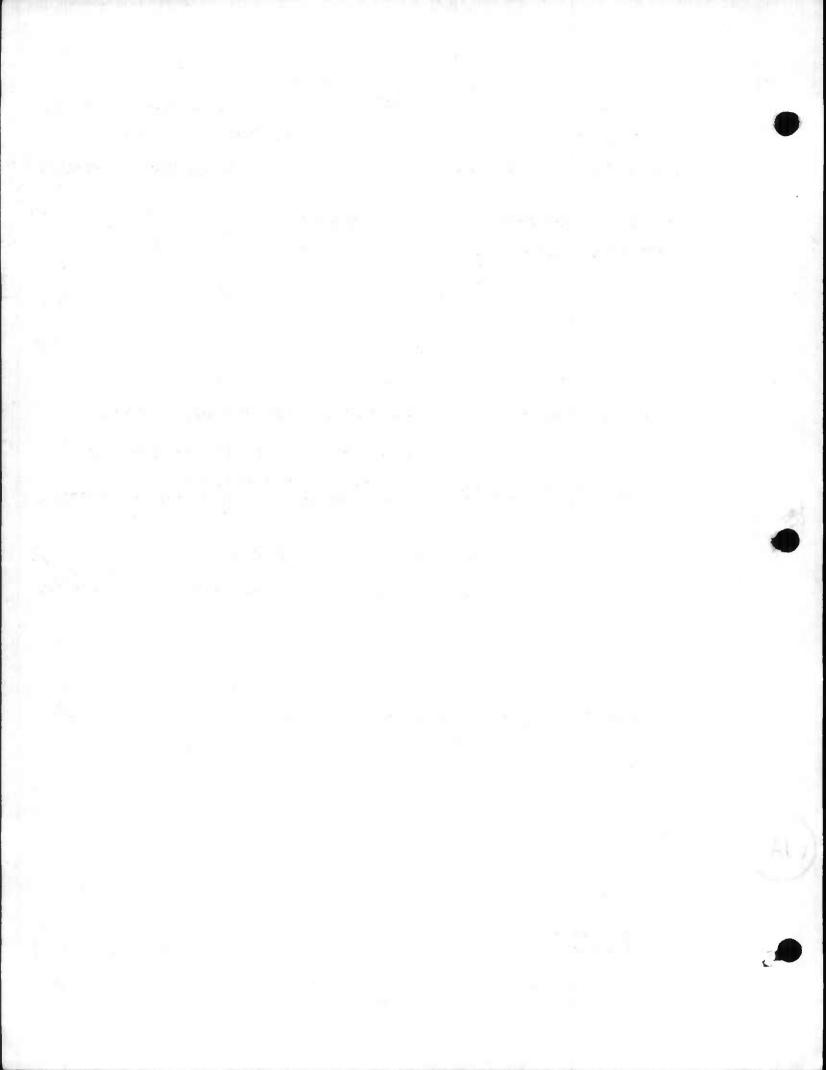
Certification:

Medicai



State of Maryland / Department of Health and Mental Hygiene 97 | 6828

| | Decedant's Nama (First, Middle, Last LEE 4a. Facility Name (If not institution, give LORIEN NURSING HO | | | CAR | | | 2. Data of De Month | ath Day | Vane | 3. Tima of Death | |
|------------|--|--|--|--|--|--|---|---|---|---|--|
| er | | | | CELL | MEL | | MAY 29 | | Yaar | 9:00 pm | |
| | FOKTEN MOKSTING UC | eer) | | | | r Location of Daati | 4c. County | of Death | | | |
| | 5. Social Security Number 216-03-6819 Usual Rasidance of Decedent | ax □ M 2【★F 7. | Aga (In yrs. la 87 | st birthday) Yrs. | If Undar 1 Yaar Months Days | | | th ly, Year) 7, 1910 | 9. Birthp Coun | lace (State or Foreign | |
| ector | 10a. Stata 10b. County MARYLAND BAL | TIMORE | 10c. City, | Town or Lo | BALT | IMORE | | 10d. inside City Lim 1 □ Yas 21 □ | | | |
| al Dir | | ACE | | | i i | 1209 | | 10g. Citizan of V USA | Whet Coun | try? | |
| 2 | 11. Marital Status 1 □ Navar Married 2 □ Married 3 □ Widowed 4 □ Divorcad | Armed Force 1 ☐ Yas 2: If Yas, Giva | as? [2 KNo | | | | (Spacify Yas or No into Rican, atc.) | | 14. Race - Amaricen Indian, Black, Whita, atc. Specify: WHITE | | |
| eted | 15. Dacedant's Ed (Spacify only highest gra | ucetion de completed) | | (Give | kind of work done | during most of w | rorking | 16b. Kind of Bus | | lustry | |
| d Lo | Elamantary/Secondary (0-12) | Collega (1-4 | or 5+) | | | 90) | | | | OWN HOME | |
| Be C | 17. Fathar's Nema (First, Middle, Last) | | 1 | | | 18. Mothar's N | | , Meiden Sumen | 10) | | |
| 0 | SAMUEL | | G | ARFIN | KEL | | ADA | U | NKNOV | N . | |
| | MR. HARVEY CARMEI | | | 949 | 7 GOOD L | ION ROAD | Rural Route Numb | er, City or Town, A, MD 2] | Stete, Zip .045 | Code) | |
| | 1 Burial 2 ☐ Cramation 3 ☐ | | 0.05 | n <i>etery, cre</i> n | natory or other pla | | Data 6-1-1997 | | | | |
| | 21. Signatura of Fynaral Sarvice Licen | Saa Cus | the | | SOL LE | VINSON & | | | e, MD | 21208 | |
| Medic | rasulting in daath) | a | Dua to (or a | as a conseq | uance ory. | dried | Intellar | tea | | 4 yrs | |
| Iciany | Part II Other significant conditions or | entributing to deat | h hut not recult | ing in the ur | adorlying course of | iven in Dort I | 22h Did | tobacco use co | ntribute to | the cause of death | |
| Fnys | | | | | | | | | | | |
| pered | | | | | | | | | CON | ara eutopsy findings allabla prior to mpletion of cause daath? | |
| 5 | | | | | | | 10 | Yas 2 No | 10 | Yas 2□ No | |
| HOU: TO DE | 27. Mannar of Deeth Natural 5 □ Panding | 1 ∐ inpa 28a. Data of i (Month, | njury 2 | | 28c. Inju | thar: 4 Vursing ury at ork? | Homa 5 ☐ Rasi | dance 6 Oth | | 0 | |
| Securios. | T. 1.001001111 | 28a. Place of | Injury - At hom atc. (Specify) | ia, farm, stra | | | | | per or Rura | l Route Number, | |
| edical | 29a. Cartifier (Check only one) 1 Cartifying Phy 2 Madicat Exam | Inar: On the basis | s of axaminatio | edge, deeth n and/or inv | occurred at tha t vastigation, in my | ima, data and pla opinion, daath oc | ce, and dua to tha curred at tha tima, | causa(s) and me data and place, | enner as st and dua to | ated. tha cause(s) | |
| ė. | 29b. Signatura and titla of certifiar | | | | 29c. Lican | sa number | | 29d. Data signe | d (Month, i | Day, Year) | |
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| | 0 | moleted cause of | of deeth (Item 2 | 23e) (Type, I | Print) | 1711 05 | 0.1: | , ,, | 1 | 2 | |
| | notice of motion to be completed by the completed | 3 Widowed 4 Divorcad 15. Dacedant's Ed (Spacify only highest gra Elamantary/Secondary (0-12) 12 17. Fathar's Nema (First, Middle, Last) SAMUEL 19e. Informant's Name/Raietionship (7 MR. HARVEY CARMEL 20e. Mathod of Disposition 1 Donation 5 Other (Specify) 21. Signatura of Fynaral Sarvice Licen 23a. Part1. Entar tha diseasa, or compshock, or haart failura. List only of the same of th | Sequentially list conditions, if any, leading to immediate Causa (Final disease or condition rasulting in death) Last Sequentially list conditions if any, leading in death) Last Sequentially list conditions rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rasulting in death) Last Sequentially list conditions are untilested awaris rature awaris r | 3 Widowed 4 Divorcad Yaar or Datas: 15. Dacedant's Educetion (Spacify only highest grade completed) Elamantary/Secondary (0-12) Collega (1-4or 5+) 12 17. Fathar's Nema (First, Middle, Last) SAMUEL G. 19e. Informant's Name/Raletionship (Type, Print) MR. HARVEY CARMEL (SON) 20e. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 21. Signatura of Funaral Sarvice Licensaa 23a. Part 1. Enter tha disease, or complications that causad the death. shock, or heart failure. List only one cause on each line. Immediate Causa (Final disease or conditions are suiting in death) Due to (or a farty, lagding to immediate cause. Enter Underlying Causa (Disease or injury that initiated avants rasulting in death) Last Due to (or a farty) 25. Was cesa referred to medical axaminar? 1 Yas 2 No 27. Mannar of Deeth 1 Nother significant conditions contributing to death but not rasulting in death) 28a. Data of Injury (Month, Day Yeer) 27a. Mannar of Deeth 1 Natural 5 Panding Invastigation 28b. Signatura and title of certifier 29a. Cartifier (Check only cond) 29b. Signatura and title of certifier | 15. Dacedant's Educetion 16a. Dacedant's Educetion 16a. Dacedant's Educetion 16a. Dacedant's Educetion 16a. Dacedant's Educetion 16a. Dacedant's Educetion 16a. Dacedant's Educetion 16a. Dacedant's Educetion 16a. Dacedant's Educetion 12 17. Fathart's Nema (First, Middle, Last) 18a. Dacedant's Education 18a. Dace | 1 Yes 20 No. | 1 | Specific Specific | 1 Yes, Over Specify | 1 Park 20 | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death ITEM#19b PFR F.H. FLM#G748 6/4/97 J.A 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Time of Deeth Month **Physician** 650 pm LLOYD COHEN MAY 28 1997 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hospita KAMPALLSTOWN NORTHWEST BALTIMORE 5. Sociel Security Number if Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) FEB • 26, 1932 7. Age (In yrs. last birthday) 6. Sex 9. Birthplace (Stete or Foreign **Funeral** 1₽M 2□ F Months Deys MARYLAND 216-28-6575 65 Yrs. Director Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Items 23s or 28s-f show iner insist be notified at MD BALTIMORE RANDALLSTOWN 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? USA 21133 3723 PIKESWOOD DR. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ≥ 2 ☑No If Yes, Give Yeer or Dates: 13. Wes Decedent of Hispenic Orlgin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 7 is marked other than "natural", or iten traumatic event, the Medical Examinat 1 Never Married 2 M Married Baltimore, Maryland 21215-0020 WHITE 1 ☐ Yes 2 No Specify: À 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry d 2 should be filed within the and Mental Hygiena, 7 is marked other than " Elementery/Secondery (0-12) College (1-4or 5+) PRESIDENT - COHEN CODDIES FOOD 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be permit. Pages 1 and 2 should be Department of Health and Mental Important; if item 27 is marked any injury or other traumatic evone. HARRY COHEN SCHINDLER 9 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3723 PIKESWOOD DR. ESTHER M. COHEN (WIFE) RANDALLSTOWN, MD 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremetion 3 ☐ Removal from State MOSES MONTEFICRE WOODMOOR HEBREW 5/30/97 BALTO., MD 4 ☐ Donetion 5 ☐ Other (Specify) re of Funeral Service Licensee 23 Name and Address of actility BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, show, or heart feilure. List only one ceuse on eech line. Approximate Interval Between Onset and Deeth **Physician** Immediate Ceuse (Final disease or condition resulting In deeth) /Medicai 2 Hours MYOCARDIAL INFARCTION Examiner Due to (or es e consequence of): PENTENSION Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or injury that Initiated events resulting in death) Last and Due to (or as a consequence of) 68760 **新** Due to (or as a consequence of) Box Part II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert i. P.O. 23b. Did tobacco use contribute to the causa of death? 1 Tyes 2 No 3 Probably 4 Inknown Records. by 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Was an autopsy 1 ☐ Yes 2 XNO 1 ☐ Yes 2 ☐ No Vital 25. Wes cese referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) To to 28e. Dete of Injury (Month, Dey Yeer) 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Certification: 5 Pending Investigation 1 Detetural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 29a. Certifier 12 Certifying Phyelclen: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted. Medical 2 Madical Examiner: On the besis of exeminetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. (Check only one) 29b. Signature and tipe of gentlin 29c. License number 29d. Date signed (Month, Day, Year) 12 30. Name and automa of person who completed cause of deeth (Item 23a) (Type, Print) MONTENEST HOSPITM CENTER COBERT FINE. MD 31. Date filed (Month, Day, Year) 32. Registrar's Signeture JUN 0 4 1997 Julia Dividson-Randall Registrar

DHMH 16 Rev 6/95

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AND IN THE SECOND SECOND

John Tunder Wardelle

'UN 0 4 1997

97-2978-510 ML RAYMOND COOPER

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

| Physician |
|-----------|
| /Medical |
| Examiner |

Funeral Director 28a-f show 238 death

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 1 and 2 should be filed within 72 hours effer Health end Mentel Hygiene. em 27 is marked other than "natural", or ite permit. Peges 1 and 2 s
Department of Health en
Important: if Item 27 is
any injury or other trsu
once.

Baltimore, Maryland 21215-0020

Physician /Medicai **Examiner**

that the death certificate be executed buriel-O. Box 68760. physician the 80 for use es á 0 signed d be del rds,

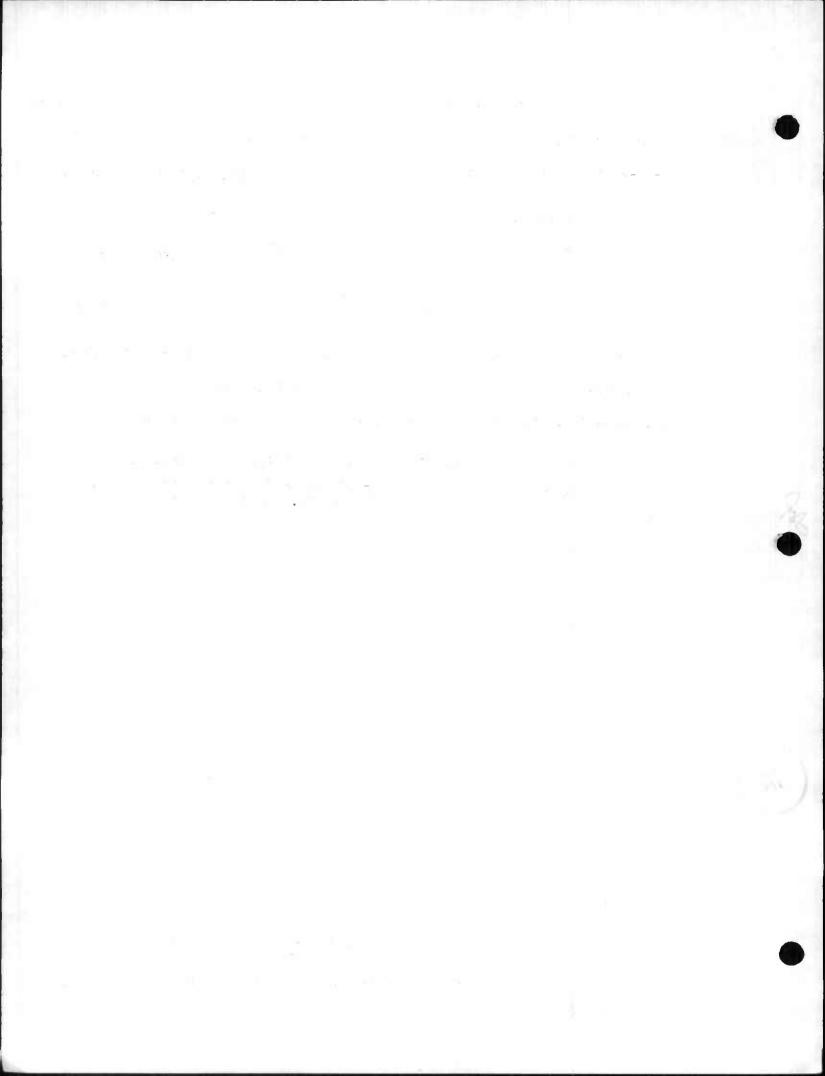
funeral Hospital or Attending PP 124 hours effer death.
 Funeral Director: After it letely filled in by the funeral To the Hospital within 24 hours e To the Funeral Completely filled

ox

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth JUNE 1997 10:41 AM Raymond Cooper 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth N/A BALTIMORE SINAI HOSPITAL 8. Date of Birth (Month, Day, Year) Oct. 15, 1946 Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. Months Deys 1 M 2 □ F Hours Yrs. 50 Maryland 216-50-4761 Usual Residence of Decedent 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits Edgemere 1 Yes 2 No Director Baltimore Maryland 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code 21219 2405 East Avenue United States Funeral 14. Race - American Indien, Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 DYes 2 No If Yes, Give Yeer or Dates: Victnam 1 Yes 2 XNo Specify. Specify: by 3 Widowed 4 Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Automobile Industry 12 Years Manufacturing Year 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Evelyn Holme 2 Alan Cooper 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Coda) 2405 East Avenue Edgemere, Maryland 21219 Mrs. Barbara F. Cooper/Wife 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e, Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Oak Lawn Cemetery 6/5/1997 Baltimore. MD 21. Signeture of Funerel Service Licensee 22. Name and Address of Fecility Duda-Ruck Funcial Home of Dundalk, Inc. Johnny Weak 7922 Wise Ave. Dundalk, Maryland 23e. Part Lenter the casese, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or haart failure. List only one causa on each line. Approximete Interval Batween Onset end Death Immediete Ceuse (Finel diseese or condition resulting In death) to (or as a consequence of): Physician/Medical Examiner Sequentially list conditions, if eny, leeding to Immediete cause. Entar Underlying Causa (Disaase or Injury that Initieted evants resulting in death) Last Due to (or es e consequance of) Due to (or es e consequence of) Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert 1. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably MSUnknown by 24b. Were eutopsy findings eveileble prior to Be Completed 24e. Wes en eutopsy performed? completion of cause of deeth? 1 Yes 2 No Yes 2□ No 25. Was casa raferred to medical examiner? 26. Place of Daath (Check only ona) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Yes 2□ No Certification: To %CR/Outpetient 3□ DOA 28d. Dascribe how Injury occurred 27. Mannar of Death 28e. Dete of Injury (Month, Dey Year) 28b. Tima of 28c. Injury at Work? 1 Naturel 5 Pending motor velicle collision 1 Yes 2 No 9:34 AM Invastigation 6-1-97 2 Accident 3 Suicide 6 Could not be 281. Location (Street end Number or Rural Route Number, City or Town, Stete) Shepe of Kd Baltimere, Hd 28a. Place of Injury - At hon building, etc. (Specify) At home, ferm, street, factory, office 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mannar as stated.

**The dicat Examiner: On the best of examinetion end/or invastigetion, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated. 29a, Certifier Medical (Check only one) 29c. License number 29d. Dete signed (Month, Day, Year) 29b. Signeture end title of certifier JUNE 02, 1997 O.C.M.E. huts no 30. Name and eddress of parson who completed ceuse of daeth (Item 23e) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201 32. Registor's Signature Andelle.

State Registrar



State of Maryland / Department of Health and Mental Hygiene 97

97 1

16831

| | | | | | | Ce | rtificate | of | Death | | | Reg. No. | J 1 | 1 0 | 001 |
|------------|---|------------------|--|--|------------------------|----------------------|---|----------|--|----------------------|---|-------------------------|------------------------|--------------|---|
| | 1 100 | | 1. Decedent's Neme (First, Midd | die, Last) | | | | | | | 2. Dete of D | eeth | V | 3. Ti | me of Deeth |
| ı | Physic /Medi | | Freda Agnes C | ostello | | | | | | | June | 1 Dey | 1997 | 6: | 30 AM |
| | Exami | | 4a. Facility Name (If not institution | | r) | | | | 4b. City, To | wn, or L | ocation of Daa | th 4c. Co | ounty of Dea | | |
| 1 | 2/5- | | 5118 Plainfie | | Age (In yrs. las | st hirthday) | If Undar 1 | | Baltir | | 8. Dete of B | N/ | - | thologe /S | tete or Foreign |
| | Funeral Director | | 218-03-0155 Usuel Residence of Decedent | 1□ M 212 F | 85 | Yrs. | Months | Deys | Hours | Min. | April 11, 1912 Pennsylvani | | | | |
| | land ow | | 10a. Stata 10b. Count | ly | 10c. City, | Town or Lo | ocation | | | | | | | 10d. Insi | de City Limits |
| | the Marylar 28s-f show notified at | Director | Maryland N/A | | Balti | imore | | | | | | | | | Yes 2□ No |
| | h with the | | 10e. Street and Number 5118 Plainfiel | d Avenue | 10f. Zip Code 21206 | | | | | | 10g. Citizen of What Country? United States | | | | |
| 020 | within 72 hours after death with the Maryland ene. than "natural", or items 23s or 28s-f show the Medical Evarrinet must be notified at | by Funeral | 11. Meritel Status 1 Nevar Married 2 Ma 3 2 Widowed 4 Divorce | 12. Wes Decedar Armed Forces 1 Yes 2 | ? No | | Was Decede It Yas, specif 1 ☐ Yes 2 | y Cubi | dispenic Orlo an, Mexican Specify: | gin? (Sp , Puerto | pecify Yes or N Rican, atc.) | | Rece - Am Black, Wh | | an, |
| 5-0 | 72 hours "natural", | | | ent's Education ast grade completed) | | 16e. Dece | dent's Usuel | Occup | etion | of word | doa | 16b. Ktnd | of Busines | s/Industry | |
| 21215-0020 | within and. | Completed | Elementery/Secondery (0-12) | | r 5+) | | kind of work DO NOT use maker | retire | d) | OI WOII | VIII Y | Own | Home | | |
| | be filed that Hygie d other if | | 17. Fathar's Nama (First, Middle | e, Last) | | HOINE | illakei | | 18. Mothe | r's Nam | e (First, Middle | | | | <u></u> |
| /lan | should be filed within of Mental Hygiene. merked other than imatic event, the Mental Control of the Mental Control of the Mental Control of the Mental Control of the Mental Control of the Mental Control of the Mental Con | To Be | Joseph | Barracca | | | | | Sara | | | Ses | | | |
| Maryland | 2 5 5 5 | | 19e. Intorment's Neme/Reletion | | | | | | | | ral Route Numi | | | | |
| | Health Health Sm 27 I | | Mr. Joseph G. Cost | e110/3011 | 20b. Ple | | PIGIIII . | | Averiue | : Dd | ltimore, | | tion - City o | | ite |
| Baltimore, | permit. Pages 1 and Department of Health Important: If Itam 27 any injury or other tr once. | | 1 🕅 Buriet 2 🗆 Cremetion 4 🗆 Donetlon 5 🗆 Other (| | e | natery, cre | matory or oth Redeemer | er ple | • | | 6/5/97 | | nore, M | | |
| Ball | permit. Depart Import any inj | | 21. Signeture of Funerace arvice Licensae 22. Name and Addrass of Facility Leonard J. Ruck, Inc. Funeral Home 5305 Harford Road Baltimore, MD 212 23a. Pent. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, | | | | | | | | | | | | |
| | _ | | 23a Pert Finter the disease of | or complications that caus | ed the death | Do not en | 305 Ha | ofde | ord Re | Dad | Balti | more, | MD 21 | | ximete |
| 68760, | The law requires that the death certificate be executed at has been signed by the attending physician and page 2 should be detached for use as the burial-transit | Medical Examiner | Sequentially list conditions, if any, taading to immadiate cause. Enter Undarlying Cause (Disease or thijury that initieted events resulting in deeth) Last | c | Due to (or e | es e consec | quence of): | | | | ron | | | | |
| Box | eath certifi attending for use as | lan/M | | d | | <u>.</u> | | | | | | | | | |
| o. | t the de by the a lached i | Physician/ | Pert II. Other significant conditi | lons contributing to death | but not result | ing to the u | nderlying ce | use giv | en in Pert I. | | 23b. Did | tobacco us | , | | use of death? |
| 4 | s that the | | bronchisc | tasis | | | | | | | 1 | Yes 2⊠ | No 3□1 | Probably | 4 Unknow |
| Records, | aw requires that is been signed is 2 should be det | Completed by | suprovent | icular for | chyco | n de | * | | | | 24e. We | s en eutopsy formed? | , 24b | available | opsy findings orior to n of ceuse |
| Ě | ician: The law certificate has rector, page 2 | Com | history of | Luterrul | nt. | | | | | | 1□ | Yes 2 | No | 1 🗆 Yes | 2□ No |
| Vital | delan: The | Be | 25. Wes cesa referred to nedical | | | | | | 26. Place | ot Dea | th (Check only | one) | | | |
| of | Physician: this certific rel director, | P | 1 ☐ Yas 2 No | Hospitel: 1 🗆 Inpa | | R/Outpatie | | | 4 LI NU | rsing H | ome 5 Res | | | ecify) | |
| sion | After After After After | ion: | 27. Menner of Deeth 1. Neturel 5 □ Pend | | jury ley Year) 2 | 8b. Tima o Injury | f 28 | C. Injui | ryat rk? Yes 2 □ ! | No | 28d. Describe | how injury | occurred | | |
| isi | death death ctor: y the | ficat | 3 Suicide 6 Could | tigation I not be mined 28e. Plece of I | niury - At hom | e form st | | | 162 2 🗆 1 | NO | 28f. Location | (Street and I | Number or I | Rural Routa | Number |
| ā | d in d | Certification: | 4 ☐ Homicide Getern | mined 286. Plece of I | etc. (Specify) | 10, 101111, 30 | 001, 1001019, | Omoo | | | City or To | wn, Steta) | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| 1 | Funeral Funeral | edical C | | Ing Physician: To the bes I Examiner: On the basis and menner: | of examinetion | | | | | | | | | | use(s) |
| _ | d duo | Me | 29b. Signature end title of certific | | | | 29c. | Licens | e number | | | 29d. Dete | signed (Mor | nth, Dey, Ye | ear) |
| | -10:11 E E | | 10,000 | S. He | m 40 | | 1 | >3 | 919 | 7 | | 101 | 2/9 | 7 | |
| | 10 | | 30. Neme and address of person | n who completed cause of | death (Item 2 | 3e) (Type, | Print) | | | Į | | <i>w</i> / | 7 | / | |
| | 18 | | DIANA SMITH | MD 34 | 00 B | RCH | MS | 4 | ANS | | BAL | TIMO | ORE | / | |
| | Sta Registi | | 31. Dete tiled (Month, Dey, Yeer JUN 0 4 | 1997 32.400 | trer Signatur | n- Pano | late | | | | | | | | |

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

6832

| WILL RESIDENCE | | 911111111111 | | | | Cert | ilicale of | Dealli | | | Reg. No. | | |
|---|-------------------|---|---|---|-----------------------|----------------------------|---|-------------------------------|------------------------------|---|--------------------------------|--------------------------|--|
| Physicia /Medic | | 1. Decedent's Na | me (First, Middla, La: Etta Gert | rude DORF | LER | | | | 2 | 2. Data of De Month May | Dey 26, 1997 | Yeer | 3. Tima of Death 8:10 AM |
| Examin | | Fran | (If not institution, given klin Squa | re Hospit | al Cer | | K I I ada a 4 V | Rose | dale | ation of Death | 4c. County Balti | more | |
| Funeral Director | | 5. Social Security 212–20–04 Usual Residence | 06 | ax 7. A | ge (In yrs. Ia 1 | st birthdey) Yrs. | If Under 1 Yaa Months Deys | | Min. | 3. Date of Bird (Month, De VPRIL 27 | y, _{Year)} | 9. Birth Cou MARYL | place (Stete or Foraign ntry) AND |
| ylen | | 10a. State | 10b. County | | ation | | | | | | 10d. Inside City Limits | | |
| - Mar | ctor | MARYLAND | BALTIMORE | | BALTI | MORE COL | NTY | | | | | 1 ☐ Yes 2√ No | |
| ith the Maryler or 28a-f show | Directo | 10e. Street end N | umber | | | | 10f. Zip Code | | | | 10g. Citizen of | Whet Cou | ntry? |
| 23a | | 5706 KENWO | OD_AVENUE | | | | 21206 | | | 324 | U.S.A. | | |
| after dea | Funeral | 11. Maritel Status | | 12. Wes Decedent Armed Forces | ? | . 13. W | as Decedant of Yas, specify Cu | Hispanic Or ban, Mexice | igin? (Speci n, Puerto Ri | ify Yas or No can, atc.) | - 14. Rad Ble | ce - Ameri ck, Whita, | cen Indien, atc. |
| O ours | by | | rrled 2 Marrled 4 Divorced | 1 ☐ Yes 2 ☑ If Yes, Give A Year or Dates: | No | | ☐ Yes 2√√No | | : | | Specif | MHTII | |
| T- 0 1 00 | Completed | (Spe | 15. Decedent's Ed ecify only highast gra | lucetion de completed) | | (Give ki | nt's Usuel Occi ind of work don D NOT use retir | e during mos | st of working | 7 | 16b. Kind of B | usiness/Ir | dustry |
| aryland 2121 should be filed within nd Mantal Hygiene. marked other than " imatic event, the Ma | ошр | Elementary/Sec | condery (0-12) | College (1-4or | | HOMEMAKE | | 60) | | 14.38 | HOUSEKEEF | TNG-O | AN HOME |
| | BeC | | (First, Middle, Last) | | | NIL VIL | | 18. Moth | er's Name (| | Maiden Sumer | | WY TRAIL |
| ylan Duid be Mantal Briked o | ToB | RAYMON | D ROYAL ADAM | S | | | | SADIE | KATHEF | RINE WIL | SON | | |
| Maryland d 2 should be file th end Mantal Hy 7 is marked oth traumatic event | | 19e. Informent's I | Neme/Reletionship (| Type, Print) | | 19b. Malling | Address (Street | et end Numb | er or Rural I | Route Number | er, City or Town | Stete, Zij | Code) |
| a 2 a a | | | CRESS (NEIC | E) | | | HOMA FAR | M ROAD | WESTMI | NSTER, | MARYLAND | | |
| 0 0 0 | 3 | 20e. Method of Di | | Removel from Stete | 001 | netery, creme | tion (Name of story or other pi | lece) | | Data | 20c. Location | City or T | own, State |
| Baltimore | 7 | | 2 ☐ Cremetion 3 ☐ 5 ☐ Other (Specify | | MORE | | IORIAL PA | | | 97 | BALTIMORE | , MAR | YLAND |
| Baltimo | S) | 21. Signeture of F | uneral Service Licen | see | | | Name end Add | | | | | | |
| - 402.44 | | Meth | er just | ahn Cho | mack | 1 7401 | BELAIR | ROAD BA | LTIMORE | , MARYL | AND 21236 | -4625 | |
| | | 23a. Part1. Enter shock, or he | the disease, or compert feilure. List only | one ceuse on each l | d the deeth. line. | Do not anter | the mode of dy | ylng, such as | cardiac or | respiretory e | rrest, | | Approximete Intervel Between Onset end Deeth |
| Physician /Medical | | Immediate Ceuse | (Final | | | | | | | | | | |
| Examiner | 31, | disease or condition resulting In deeth) e. Exsanguinating Hemorrhage 15 minut Due to (or es e consequence of): | | | | | | | | | | | |
| | Je | | | Diago | | | | | 1+h 10 | ft bon | nothorax | | |
| 60, be executed ician end bural-transit | Examiner | Sequentially list of | onditions, | b. DISSE | | es e consequ | | ysm wi | ren Te | it her | lochoraz | | |
| | | Sequentially list of it eny, leading to ceuse. Enter Und Cause (Disease of thet Initiated even | immediate darlying | | | | | | | | | 1 | |
| 68760, ificeta be expensed physician as the buria | dica | thet Initiated even rasulting in deeth | ts Last | C | Due to (or e | s a conseque | ence of): | 12243 | | | | | 81. 74 1749 |
| X cent | Physician/Medical | | | d | | | | | | | | | |
| cords, P.O. Be requires that the death seen signed by the etter hould be detached for the cord of the seed of the | Icia | Part II. Other sign | ificent conditions of | ontributing to death I | but not result | ing In the und | lerlying cause o | aivan in Pert | i | 23h Did | obacco use co | ntribute t | o the cause of death? |
| P.O nat tha d by the detache | hys | | | | | | | | | 10 | ~ | 3 □ Pro | |
| | by | met) | hicillin r | esistant | staph | ylococ | cus aur | eus | | | | | |
| Division of Vital Records, or attending Physician: The law requires that or death. Director: After this certificeta has been signed in by the funeral director, page 2 should be a | | haa | toromic or | d 001114 | tio | | | | | | en eutopsy | a | ere eutopsy findings veileble prior to |
| The law rate has be page 2 sh | pie | Dac | teremia ar | ia cerruri | LLIS | | | | | | | | ompletion of cause deeth? |
| The la | Completed | | | | | | | | | 1)X | res 2□No | 1 | Yes 2□ No |
| of Vital Physician: The Physician: The rhis certificeta aral director, pag | Be | 25. Wes cese refe exeminer? | erred to medical | Hospitel: | | | | | e of Deeth (| Check only o | ne) | | |
| Physical direction | 2 | 1 ☐ Yes 2 | No | 28e. Dete of Inju | | R/Outpetient | 3LI DOA | | | | dence 6 Oth | | fy) |
| On ding F | tion | 1 Naturel | 5 Pending investigation | (Month, De | y Year) | 28b. Time of Injury | 28c. Inj. W | ork? | | d. Describe | now injury occur | 190 | |
| VISION Attended of death of the by the | fica | 2 ☐ Accident 3 ☐ Suicide | 6 Could not be | | iury - At hom | ne, farm, stree | | | | f. Location (| Street end Numi | ber or Rur | el Route Number, |
| Div. | Certification: | 4 Homicide | Gotommog | building, e | tc. (Specify) | | | | | City or Tox | vn, Stete) | | |
| | edical | 29a. Certifier (Check only one) | Certifying Phy 2 Medical Exam | ysicien: To the best liner: On the basis of end mannar si | or examinetic | edge, deeth on end/or Inve | occurred et the stigetion, in my | tlme, date er opinion, dee | nd plece, en eth occurred | d due to the l et the time, | cause(s) end modate end plece, | enner es s and dua t | steted. o the causa(s) |
| vithir To th | X | 29b. Signeture en | d litle of certifiar | | | | 29c. Licer | nse number | | | 29d. Date signe | d (Month, | Dey, Yeer) |
| | | Xat | ma gr | Macri | 40 | | PIC | 06/ | 5 | | 5/26 | 193 | 2 |
| 0148727 | | 30. Neme end edd | iress of person who | | | | | 47 | | | | | |
| | | | onja Mack, | MD 900 | 00 Fra | nklin | Square | Drive | Balt | imore | , Maryla | and | 21237 |
| Stat | | 31. Date filed (Mo | | | rar's Signetu | | - | | | | 10.57 | | |
| Registra | ir | | JUN 0 4 1 | 397 | ina Dav | idson-17 | ndelle | 185 | -1134 | 36.00 | | 4, 44 | |

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which death will

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Dev ELI 2020 30 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Hosp. Church Batimore Home H Under 1 Yeer If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 15 5. Social Security Number 6 Sax 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 216-07-5162 1MM 20F 82 Vrs MD Usual Residence of Decedent 10h County 10c. City, Town or Location 10d. Inside City Limits MD Ratimore 1 □ Yes 2 □ No 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21218 AUR USA Kennedy 1921 11. Maritel Status Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 2 Merried 1 ☐ Never Merried 1 Yes 2 No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 7th grade Authority College (1-4or 5+) Housing maintenance grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Elijah DAU Sadie ('arnish 19e. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Rd Ap+#1, Baltimere, mo DAY Gail Hattie 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Date 1 Burial 2 □ Cremetion 3 □ Removel from State Owings Mills, MD torost Vet 4 ☐ Donetion 5 ☐ Other (Specify) Garrison 21. Signature of Fungas-Service Licensee 22. Name end Address of Fecility 1101 E. North Ave F. H EAST March 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on sach line. Approximete intervel Between Onset end Deeth Immediete Ceuse (Final Congestive diseese or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or as a consequence of): Pert II. Other eignificant conditione contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Valve Prisesse 24b. Were eutopsy findings eveileble prior to completion of cause of death? Trial Filosopor 24e. Wes en eutopsy performed? 1 Yes 2 No 1 Yes 20 No

Physician /Medical Examiner

Physician

/Medical

Examiner

10e. State

Funeral

Director

28a-f show

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238

Hems ?

0

Hygiene.

other traumatic svent.

the Medical Examiner must be notified

Funeral Director

Completed by

Be

with the Maryland

filed within 72 hours after

Pages 1 and 2 should be Department of Heelth end Mental important: If Item 27 is marked or any Injury or other traumatic sve

21215-0020

Baltimore, Maryland

Examiner þ Be 10

Physician/Medical Completed

Attending Physician: The law requires that the death certificete be executed Division of Vital Records, P.O. Box 68760, attending physician signed by certificate this Certification: After ector: the 3 Wedical

B

State Registrar

and Specialist

28e. Dete of Injury (Month, Dey Year)

1 Dinpatient 2 ER/Outpetient 3 DOA

28e. Plece of Injury - At home, farm, street, fectory, office bullding, etc. (Specify)

28b. Time of Injury

29c. License number

28c. Injury et Work?

1 Yes 2 No

26. Piece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how Injury occurred

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

28f. Location (Street and Number or Rural Route Number, City or Town, State)

30. Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print) WENECISA NAVARRO (00 N. Droodway

932, Registrar's Signal Registrary

31. Dete filed (Month, Dey, Year) JUN 0 4 199

29b. Signeture end title of certifier

25. Wes cese referred to medical

5 Pending

Investigation

6 Could not be determined

1 Yes 2 No

27. Menner of Deeth

1 Naturel

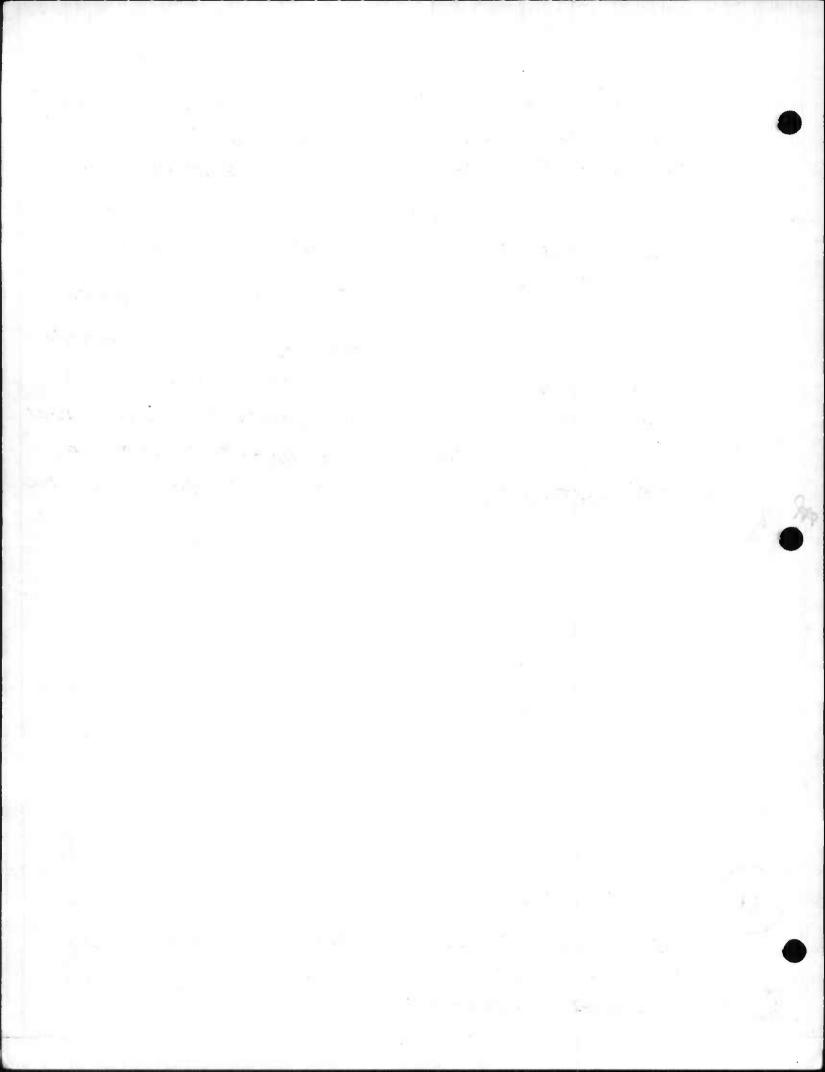
2 Accident

3 Suicide

29e. Certifier

4 Homicide

(Check only one)



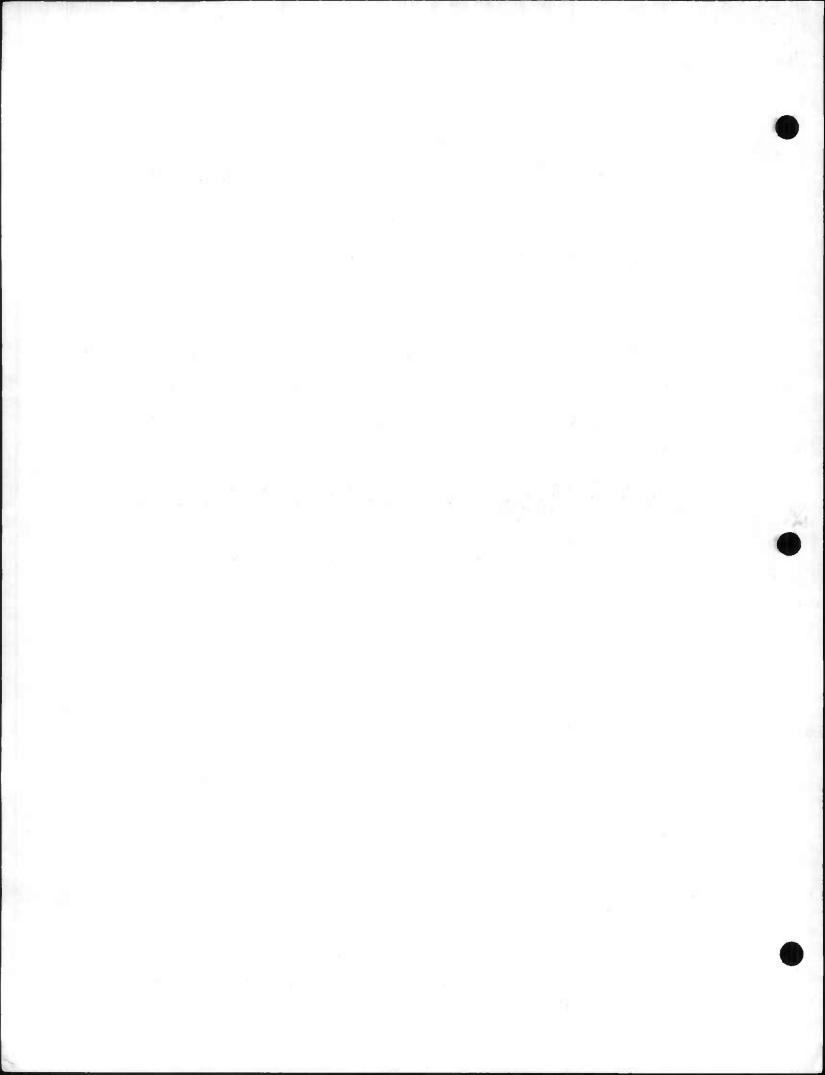
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

16834

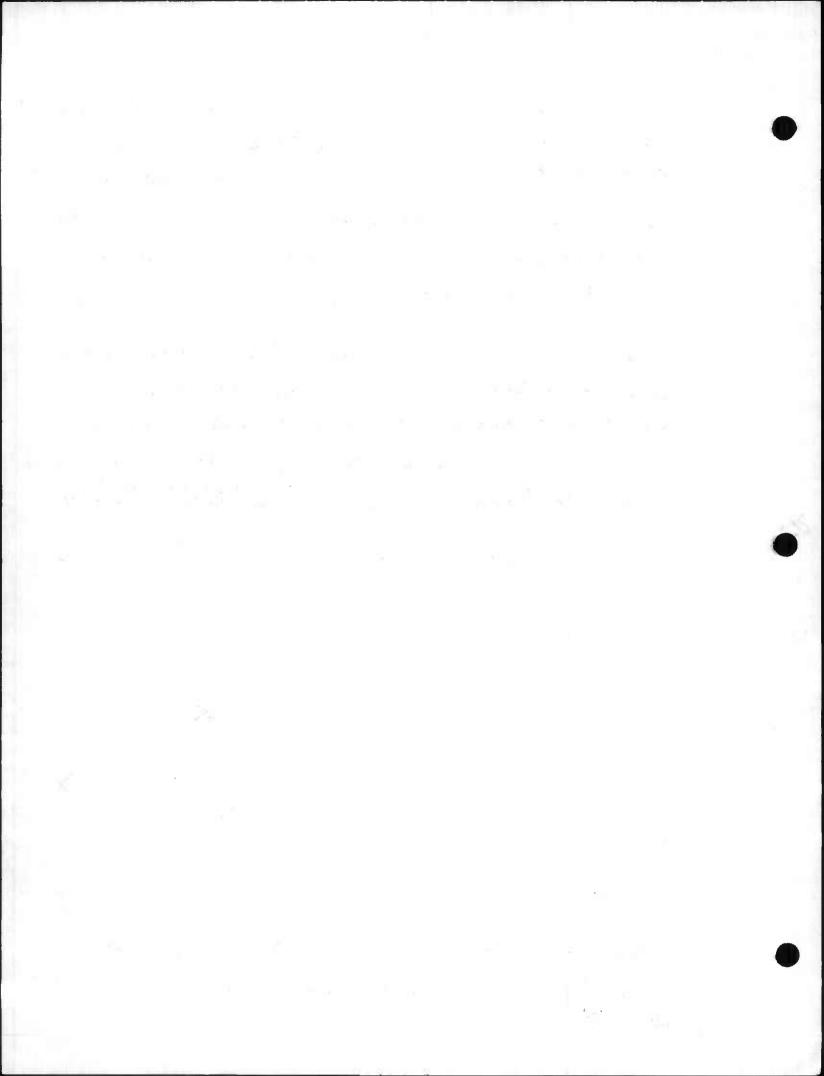
| | | 4 December 1 | | | _ | Cei | lineate | JI Deal | u i | T | Reg. No. | | |
|---|-------------------|--|---|---|-----------------------------------|----------------------------------|---|-------------------------------|---------------------------|-------------------------------|-------------------------------------|---------------------------|--|
| Physicia /Medica | | Decedent's Nem | HARRY | DYMOV | | | | | | 2. Dete of D Month MAY | 31 ^{ay} 19 | 9 ^{Year} | 3. Time of Death 7:40. AM |
| Examine | er | 4e. Fecility Neme (800 BLC | | give street end nur KENWOOI | | UE | | | Town, or L LTIM | ocation of Dee | | of Deeth | |
| Funeral Director | | 5. Sociei Security N | | Sex 1 M 2 □ F | 7. Age (In yrs. | lest birthdey) | If Under 1 Y | ear tf Und | der 24 Hrs. rs Min. | 8. Dete of Bi (Month, D | irth ey, Year) 8-1926 | 9. Birthp Coun | lece (Stete or Foreig try) |
| | | Usual Residence o | f Decedent | | /0 | | | | | 00-1 | 0-1220 | | |
| natural, or frems 23e or 28a-f show fical Examiner must be notified at | 2 | 10a. State | 10b. County | | 10c. Ci | ty, Town or Lo | cation | | | | | 11 | 0d. Inside City Limits 1 ☑ Yes 2 ☐ No |
| 28a-1 | ecto | MD 10e. Street end Nu | mher | | Ba | ltimo | 10f. Zip Coo | do | | | 10g. Citizen of | Affron Cours | 74 |
| 23e or | ă | 1022 S. | | d Aveni | 16 | 21224 | | | | | | S A | uryr |
| frems 2 | Funeral Director | 11. Maritet Stetus | LINWOO | 12. Wes Dece | edent Ever In U | I,S. 13. V | | | Origin? (Sp | pecify Yes or No Rican, etc.) | o- 14. Re | e - Americ | |
| Exa. | þ | 1 Never Marr 3 ☐ Widowed | ied 2 Married | Amped Fo 1 2 Yes If Yes, Giv Year or D | | | Yes, specify (| | | Hican, etc.) | Specif | ck, White, o | etc. ITE |
| 'natural', | Completed | (Spec | 15. Decedent's | Education grade completed) | | 16e. Deced | lent's Usuel Oo kind of work do OO NOT use re | ccupetion | ost of work | cina | 16b. Kind of B | usiness/Inc | dustry |
| han. | mpl | Elementary/Seco | ondary (0-12) | College (1 | -4or 5+) | 1 | | | | 9 | | 0045 | DAIMENT |
| ther than | ပိ | 17. Fether's Neme | _ | st) | | CUAS | ST GUA | | other's Nem | a (First Middle | U. S. B. Meiden Sumer | | ERNMENT |
| Mantal arked o | To Be | FRANK D | YMOWSK | Í | | | | STE | ELLA | STRE | CHOWSK | I | |
| 7 is m traum | | 19e. Informent's No MRS . HEL | | | | | | | | | ber, City or Town | | |
| Item 27 other tr | ľ | 20e. Method of Dis | | LGEN | 20b. I | Ptece of Dispos | sition (Neme o | f | JE AF | PT 334 | 20c. Location | | 21222 wn. State |
| y or o | - | | ☐Cremetion 3 5 ☐Other (Spec | ☐Removal from | Stete | cemetery, crem | * | | MCTE | DVC 7 | BALTO. | | |
| Department of Important: If It any injury or o | 1 | Signature of Fu | neral Service Lic | engeo / | | 22 | Name end Ad | dress of Fe | cility | RAL H | | 110. | |
| 0 = e Q | (| Marile | 05. | XAM SAL | musk | 1/ 12 | 201 DU | NDALK | K AVE | ENUE B | ALTO. I | 1D. 2 | 21222 |
| | 1 | 23a. Part1. Enter to shock, or hee | he disease, or co ort failure. List on | mplication at c ly one ceu in e | eused the deat ech line. | h. Do not ente | er the mode of | dying, such | es cerdiac | or respiretory | errest, | | Approximete Intervel Between |
| ysician Medical | | Immediate Cause I | /Cin al | ^ - | | | | | | | | | Onset and Deeth |
| aminer | | Immediate Cause (disease or condition resulting in death) | (rina) n | . Arte | rioscl | erotic c | ardio | wasc | ular | disia | se | 1 | |
| | ē | | | | Due to (| or es e conseq | uence of): | | | | | | |
| ransit | Examiner | Sequentiatly list co | nditions | b | Due to (c | or es e consequ | uence of): | | | | | | |
| ian er urial-t | EX | Sequentially list confidence in end, leading to improve cause. Enter Under Ceuse (Disease or that Initiated events | nmediate orlying | | | | | | | | | | |
| physic thab | dica | that initiated events resulting in deeth) I | Lest | С. | Due to (c | or es e consequ | uence of): | | | | | 1 | |
| anding physician end usa as tha burial-transit | Physician/Medical | | | d | | | | | | | | | |
| igned by tha etta be datached for | sicia | Pert II. Other signif | leant conditions | contributing to de | eath but not res | ulting in the un | derlying ceuse | given in Pe | ert I. | 23b. Did | I tobacco uee co | ntribute to | the causs of death |
| datach | | | | | | | | | | 1□ | Yes 2□ No | 3 Prot | pably 4 Unknow |
| n sign | od by | | | | | | | | | 24e. We | s en eutopsy | | ere eutopsy findings |
| s been s | Set | | | | | | | | | perf | ormed? | COF | eilabte prior to impletion of ceuse deeth? |
| page 2 | Completed | | | | | | | | | 1 🖾 | Yes 2□No | | Yes 2 No |
| cartificeta rector, pag | Be | 25. Wes cese refer | red to medicel | | | | | 26. Pie | ece of Deet | th (Check only | | | |
| 00 | 0 | exeminer? | No | | | ER/Outpetient | 3□ DOA | Other: 4 🗆 | Nursing Ho | ome 5 Res | idence 6 🗓Ott | er (Specify | SCENE |
| ftar | 6 | Manner of Deeti 1 BNaturel | 5 Pending | | of Injury h, Dey Year) | 28b. Time of Injury | | njury et Work? | - | 28d. Describe | how Injury occur | red | |
| daath stor: / tha | icat | 2 Accident 3 Suicide | Investigati | be 200 Bloom | of Injune At h | ama farm atra | | 1 ☐ Yes 2 | ∐N0 | 28f Location | (Street end Numi | nor or Pura | / Pouts Number |
| after daatt Director: | Certification: | 4 Homicide | determine | buildir | of Injury - At hing, etc. (Specif | y) | set, lactory, on | ICE | | | own, State) | or or riura | r rioute reuniber, |
| | edicai C | 29a. Certifier (Check only one) | 1☐ Certifying F | Physician: To the aminer: On the ba | isls of examina | wledge, deeth tion end/or Inv | occurred et th estigetion, in n | e time, date ny opinion, d | end place, deeth occur | end due to the | ceuse(s) end m , dete end plece, | enner es st end due to | eted. |
| o the | | 29b. Signeture and | title of certifier | end menn | iei Steteo. | | 29c. Ltd | ense numbe | 9r | | 29d. Date signe | d (Month, I | Day, Year) |
| 210 | | 1 Dec | mald | 2,4 | Inight | | 0.0 | C.M.E | | | MAY 31 | | |
| (1) | - | 30. Neme and addre | ess of person who | o completed ceus | e of death (Item | n 23e) (Tvpe F | | . M. E | • | | MAI 31 | , 179 | / |
| 101 | | | | | | | | | | | | | |
| | | DONAT | | URIGHT | | | | eet. | Balt | imore. | Marvl | and | 21201 |

State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 | 6835

| | | | | Cert | illicate c | or Death | | Reg. No. | | |
|--|-----------------------|---|---|-----------------------------------|-------------------------|-------------------------------|---------------------|---------------------|--------------|---------------------------------------|
| Physic | ian | Decedent's Name (First, Middle, Las | • | | | | 2. Dete of I | Deeth Day | Yeer | 3. Time of Death |
| /Medi | | FRANCIS . O | . ELDER | | | | MAY | 31 1 | 997 | 8:39 |
| Exami | ner | 4e. Fscility Neme (If not institution, give | | | | 4b. City, Town, | or Location of De | , | | |
| | | 8612 DAYTON | | | William | | re, cil | | NIA | |
| Funeral | | 5. Social Security Number 6. Se | MM OFF (.1 | : lest birthday) Yrs. | If Under 1 Ye Months De | | Ain (Month.) | Birth Dey, Year) | 9. Birthp | lece (State or Foreign |
| Director | | Usual Residence of Decedent | 64 | . 113. | | | HUG, | 28,1932 | [/ | MRYLAND |
| land | | 10a. Stete 10b. County | 10c. C | ity, Town or Loc | ation | | | | 1 | 0d. Inside City Limits |
| be filed within 72 hours after death with the Meryland tal Hygiene. d other than "natural", or frams 23s or 25s-f show event, its Mexical Examiner must be notified at | Į. | MD NIP | , | BALT | imove | 0 | | | | 1XYes 2□No |
| 28 704 | 9 | 10e. Street end Number | | 01111 | 10f. Zip Cod | | | 10g. Citizen of | Whet Coun | itry? |
| 3a of | Funeral Director | 6304 ELINOTE | AVE | | 2 | 1206 | | | . S. F | |
| death | Jera | 11. Maritei Status | 12. Was Decedent Ever In | U,S. 13. W | | of Hispanic Origin? | (Specify Yes or i | | a - Americ | an Indian, |
| of the | | 1 Never Married 2 Married | Armed Forces? 1 XYes 2 No 10 If Yes, Give | 54 " | | | uerto Rican, etc.) | Bia | ck, White, | |
| d within 72 hours af giene. or than "natural", or i tre Mexical Exem | by | 3 ☐ Widowed 4 ☐ Divorced | If Yes, Give Year or Dates: | 1 | □ Yes 2 X | No Specify: | | Specif | i. M | rite |
| 72 hours "netural", | Completed | 15. Decedent's Edi (Specify only highest grad | ucation | 18e. Decede | ent's Usual Oc | cupation | working | 16b. Kind of B | usiness/inc | dustry |
| within ene. than " | uple | Elementary/Secondary (0-12) | College (1-4or 5+) | life. D | | ne during most of tired) | | 0. | 7 | -5- |
| be filed withintal Hygiene. d other than | Con | . 0 | NIA | 1 | Police | 2 office | eer | Police | 5 D. | eri. |
| d 2 should be file th and Mentai Hy 7 is marked othe traumatic event. | Be | 17. Father's Name (First, Middle, Last) | | | | | | lle, Maiden Sumen | | |
| 2 should be filed with and Mental Hygiene. is merked other than surratic event, Ira | 10 | | LDER | | | MA | REAREI | GAYO | > | |
| d 2 should th and Men 7 is marke traumatic | | 19a. Informent's Name/Relationship (T | | | | | | nber, City or Town, | Stete, Zip | Code) |
| ロコペト | | Margaret ELDEI | | | | re ave | | | 1200 | 0 |
| | | 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ | Domestel from Chate | Place of Dispos cemetery, crem | etory or other p | pleca) | Date | 20c. Location | 1 | |
| men ant: | | 4 ☐ Donation 5 ☐ Other (Specify | 0 | AKLAWK |) cem | FTERY | 6-3-9 | 1 BALT | Timo | re, MD |
| permit. Peges Department of Important: If is any Injury or once. | | 21. Signature of Funeral Service Licens | 500 | 22. | Name and Ad- | dress of Fecility | Miller | FUNETO LTIMOLE, | al Ho | ne |
| 70 E # 9 | .O = # 0 | Jody D. | Smith | 75 | 27 H | as ford | RD BA | LTIMOLE, | mb & | 11234 |
| | | 23a. Part 1/Enter the riseese, or comp | licetions thet caused the dea | | the mode of | dylng, such es car | diac or respiretory | errest, | - | Approximate interval Between |
| Physician | | , | | | | | | | | Onset end Deeth |
| /Medical | | Immediate Cause (Final disease or condition | CARCIN | OM B | LUNG | | | | | 2 YEAMS |
| Examiner | | resulting in death) | 6 | (or as a consequ | | | | | | |
| P # | inei | | | | | | | | | |
| certificate be executed nding physician end use as the bunial-transit | Examiner | Sequentially list conditions, | Due to | or es e consequ | ence of): | | | | | |
| oe ex | | Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury | c | | | | | | | |
| physie the t | n/Medical | thet initieted events resulting in death) Lest | Due to (| or es e consequ | ence of): | | | | | |
| ding I | Me | L. | d | | | | | | | |
| attend for us | | | | | | | | | | |
| The law requires thet the death ite has been signed by the atter page 2 should be detached for | by Physicia | Part II. Other significant conditions co | ntributing to death but not re | sulting in the un | derlying cause | given in Pert I. | 23b. Di | id tobscco use co | ntribute to | the cause of death? |
| thet t ed by deta | Ph | | | | | | 2 | Yes 2 No | 3 Prot | bably 4 Unknow |
| signed be def | d b | | | | | | 24e W | es en eutopsy | 24b. We | ere eutopsy findings |
| been si should | ete | | | | | | pe | rformed? | COL | allable prior to mpletion of cause |
| has ge 2 | Completed | | | | | | | 12 | | death? |
| | ပိ | | | | | | 1[| Yes No | 1 | Yes No |
| ysician: The is certificate director, pag | Be | 25. Was case referred to medical examiner? | Hospitel: | | | Other | Deeth (Check onl | | | |
| this ral dii | 2 | 1 Yes 2 No 27. Menner of Deeth | 1 □ Inpatient 2L | ER/Outpetient | 3 DOA | 4 □ Nursin | - | esidence 6 Oth | | γ) |
| Attending Physician: r death. ector: After this certific. by the funeral director, | LO! | Naturel 5 ☐ Pending | 28e. Date of Injury (Month, Dey Year) | 28b. Time of Injury | | njuryat Nork? □Yes 2□No | 200. Describ | e now injury occur | ieu | |
| death death ttor: / the | Icat | 2 Accident Investigation 3 Suicide 6 Could not be | 28e. Piece of Injury - At I | nome form etro | | | 28f Location | (Street end Numi | her or Rum | I Poute Number |
| or A effer Direction by | erti | 4 ☐ Homicide determined | building, etc. (Spec | ify) | et, ractory, orni | Ga. | | Town, Stete) | 001 01 71070 | i riobio ivanibor, |
| To the Hospital or Attendi within 24 hours effer death. To the Funeral Director: A completely filled in by the fi | edical Certification: | 29a, Certifier De Certifying Phy | sician: To the best of my kn | nwledne death | occurred at the | time dete end ni | ace end due to th | ne cause(s) and m | anner as si | teted |
| Hos 24 h Fur etely | dic | | ner: On the basis of examinend manner stated. | ation and/or inve | stigation, In m | y opinion, death o | ccurred et the tim | e, date end plece, | end due lo | the cause(s) |
| ompl | Me | 29b. Signature and title of certifier | | | 29c. Lice | ense number | | 29d. Date signe | d (Month, | Dey, Yeer) |
| - s - ō | | my m | on of | 7 | D | 18142 | , | 6/2 | 10- | 7 |
| 6/19 | | 30 Name and address of passes with a | ompleted enuse of death /*- | m 22e) /T D | | | | 0/ | / / / | |
| In | | 30. Name and eddress of person who c | Ompresed cause of deem (ite | () (| | OF HILD. | 00 | BOUT | mil | 7/137 |
| C+ | ate | 31. Date filed (Month, Day, Year) | 2 32 Registrar's Sign | ature - | | A. bu C 1 | 100 | - 1 | | 01037 |
| Regist | | JUN 0 4 1997 | Sura Daylacon-A | ndelle | | | | | | |
| | | 0011 1001 | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

16836

| 1. Decedent's Nama (First, Middla, Last) ROCHELLE FREEMAN | - UTLEY | 2. Data of Death Month Day | 3. Tima of Death | | | |
|--|--|--|--|--|--|--|
| 4a. Facility Nama (If not institution, giva streat and number) | 4b. City, Town, or Lo | | 97 03;35 ty of Death | | | |
| 5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) | | | Birthplace (State or Foreign Country) | | | |
| Usual Rasidance of Decadant | ocation | 06-30-39 MD | | | | |
| | | | x ¹ √ Yas 2□No | | | |
| 4509 St. Georges Avenue | 21212 | 10g. Citizan of What Country? USA | | | | |
| 1 Navar Married 2 W Married 1 Vec 24 No | | ecify Yas or No- Rican, atc.) 14. Re Bl | ace - Amaricen Indian, ack, White, etc. ify: Black | | | |
| Collaga (1-40r5+) | | | Businass/Industry | | | |
| High Sch. Grad. NA 5 17. Father's Nema (First, Middla, Last) | | | | | | |
| Robert Utley | Nancy | | Turner | | | |
| Nancy Utley 450 20a. Mathod of Disposition **OSBurial 2 Cremation 3 Bamoval from State cematary, crar | 9 St. Georges A position (Name of matory or other place) | Venue Balti Data 20c. Location | | | | |
| 21. Signature of Funaral Sarvice Licensee | 2. Nama and Addrass of Facility Ba | ltimore, Ma | ryland 21202 | | | |
| disaasa or condition rasulting in death) Due to (or es e consact of any, leeding to immediate ceusa. Entar Underlying Causa, Disaasa or influry SEPSIS Due to (or es e consact of any, leeding to immediate ceusa. Entar Underlying Causa, Disaasa or influry SEIZURES | MELLITUS quance of): | | YEARS YEARS YEARS | | | |
| Part II. Other algnificant conditions contributing to death but not resulting in the u | indarlying causa givan In Pert I. | 23b. Did tobacco usa c | ontribute to the cause of death | | | |
| | | 24a. Was an autopsy parformed? | 24b. Wara autopsy findings available prior to completion of ceuse of deeth? | | | |
| | | 1 ☐ Yes 2 🔽 No | 1 □ Yas 💢 No | | | |
| axaminar? | Other | | ther (Specify) | | | |
| 1 Naturel 5 Panding (Month, Day Yaar) Injury 2 Accidant invastigation 3 Suicide 6 Could not be | f 28c. Injury at Work? M 1 Yas 2 No | 28d. Dascribe how Injury occu | urred | | | |
| 29a. Certifiar (Check only Medical Examinar: On the basis of examination and/or in- | n occurred et the time, data and place, | City or Town, Stata) and due to the causa(s) end m | nennar as statad. | | | |
| 29b. Signatura and titla of certifier Andre Janecki, M.D | 29c I Icense number | | ed (Month, Day, Year) | | | |
| | S. Social Security Number 219-38-9784 1 | S. Social Security Number S. Social Security Number S. Social Security Number S. Social Security Number S. Social Scott State St | 46. Coly Town of Location of Dath Social Security Name (Inch Institution, pive streat and number) 5. Social Security Number 219 – 38 – 9784 5. Social Security Number 219 – 38 – 9784 5. Social Security Number 219 – 38 – 9784 5. Social Security Number 219 – 38 – 9784 5. Social Security Number 219 – 38 – 9784 5. Social Security Number 210 Mark Number 210 Mark Number 4509 St. Georges Avenue 210 Zpc Code 21212 10. Streat and Number 4509 St. Georges Avenue 210 Name Name (Security Number 4509 St. Georges Avenue 210 Name Name (Security Number 4509 St. Georges Avenue 210 Name Name (Security Number 4509 St. Georges Avenue 210 Name Name (Security Number 4509 St. Georges Avenue 210 Name Name (Security Number 4509 St. Georges Number 4500 Number | | | |

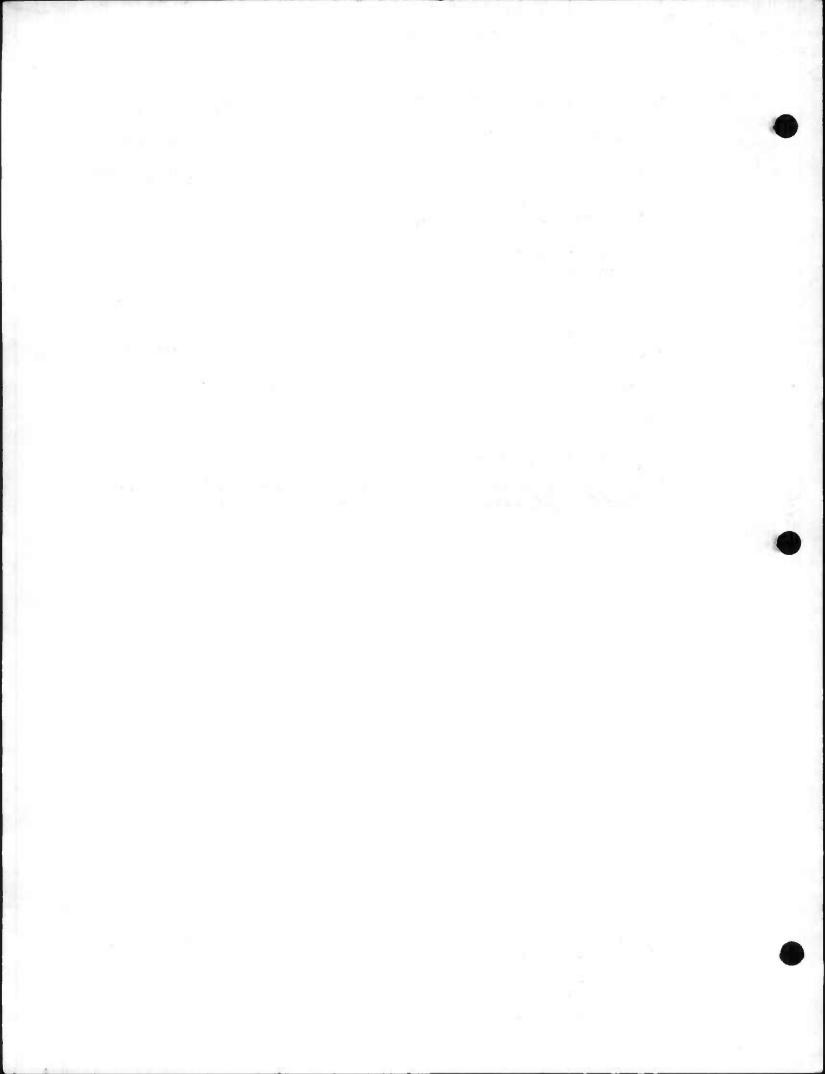
Registrar

State

32. Ragistrar's Signatura

State of Maryland / Department of Health and Mental Hygiene

| sician | Ш | Decedent's Name (First, Middle ROBERT | GENE | ਦਾਵਾ | DALEI | | | | 2. Date of D Month | eeth Day | Yeer | 3. Tima of Death | |
|---|-------|---|--|--|--|--|--|---|---|---|---|--|--|
| edical | H | | | | DALEI | .T | | 41. Cit. T | APRI | | 1997 | 3:30AM | |
| ıminer | 1 | 4a. Facility Name (If not institution 517 NATIONA) | | | 3 | | | 4b. City, Town, o CUMBER | | | nty of Death | | |
| | - | 5. Societ Security Number | 6. Sex | | n yrs. last b | nirthday) If Ur | nder 1 Yaer | | | | EGAN' | | |
| rector | | unknown Usual Residence of Decedent | 1⊠ M 2□ F | | | Yrs. Mont | | Hours Mi | n. (Month, D | 9, 1952 | Coul | plece <i>(St</i> ete or Foreign ntry) known | |
| 4 | - | 10a. Stete 10b. County | | 10 | Oc. City, To | wn or Location | | | | | 1 | 10d. Inside City Limits | |
| Į. | | Maryland Alleg | any | | Cumbe | rland | | | | | | 1 ☐ Yes 2 【] No | |
| Je je | | 10e. Street and Number | | | | 10f. | . Zip Code | | | 10g. Citizen o | f What Cou | ntry? | |
| aig | | 517 National H | ighway # | #3 | | | 21045 | | | unkno | wn | | |
| ompieted by Funeral Director | | 11. Marital Status unknow 1 □ Navar Married 2 □ Marri 3 □ Widowed 4 □ Divorced | Armed 1 ☐ Ya If Yes, | Decedent Event Forces unas 2 No Give or Datas: | r in U.S. Known | | ecedent of H specify Cub s 2 ☑ No | dispenic Origin? (an, Maxicen, Pue Specify: | Specify Yes or N irto Rican, etc.) | | ace - Americ leck, White, ethy: Whi | etc. | |
| Completed | | 15. Decedent (Specify only highes Elementery/Secondary (0-12) | t grede complete | e (1-4or 5+) | 16 | e. Decedent's L (Give kind of lifa. DO NO unkn | Jsuel Occup f work done T use retire | oation during most of w d) | orking | 16b. Kind of | | dustry | |
| S | | unknown | unkno | own | | GIIKII | IOWII | | | | | | |
| Be | | Fether's Neme (First, Middle, I unknown | Last) | | 18. Mother's Name (First, I | | | | | unknown liddle, Melden Sumeme) | | | |
| ၉ | | 19a. Informent's Name/Reletionsh | ala (Timo Print) | | 10 | h Maillea Add | roop /Chroni | unkno | | has City of Tou | - Chata Zia | o Codel | |
| ToBeC | | unknown | np (rypa, rini) | | 13 | unkno | | end rumber or r | nurar moute ivumi | Der, City or You | m, Stete, Zip | (Code) | |
| | 2 | 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☒ Other (Sp | 3 □Removel fro | lemovel from State | | lace of Disposition (Neme of ametery, crematory or other place) | | C9) | Date | 20c. Location - City or To | | own, State | |
| any injury once | | 21. Signature of Funeral Service L Rona | ald's W | ade, Di | recto | or Sta | e and Addra te Ana | ass of Facility atomy Bo | ard, 655 | W. Bal | timor | e Street | |
| er | | Immadiata Cause (Final disease or condition resulting in death) | e. PN | EUMONIA | 4 | - bear | | | | | | Onset and Death | |
| - 20 | | disease or condition resulting in death) | ePN | Due | e to (or as e | e consequence | | | | | | | |
| edicai Examiner | | Immadiata Cause (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last | b | Due | e to (or as e | | of): | | | | | | |
| edicai Examiner | | disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last | b c | Due Due | e to (or as e | consequence | of): | | | | | | |
| Physician/Medical Examiner | F | disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events | b c | Due Due | e to (or as e | consequence | of): | ven in Part I. | | | | o the cause of death? bably 4 □ Unknown | |
| by Physician/Medical | F | disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last | b c | Due Due | e to (or as e | consequence | of): | ven in Part I. | 1 = 24a. We | | 3 Pro | o the cause of death? | |
| Completed by Physician/Medical Examiner | F | disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last | b c | Due Due | e to (or as e | consequence | of): | ven in Part I. | 1 = 24a. We peri | Yes 2□ No | 3 Pro | o the cause of death? bably 4 □ Unknown fore autopsy findings allabla prior to morpetion of ceuse | |
| Be Completed by Physician/Medical Examiner | F | disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last | bd | Due Due | e to (or as e | consequence | of): of): ng ceuse giv | 26. Plece of De | 1 = 24a. We peri | s en eutopsy formed? | 3 Pro | o the cause of death? bably 4 Unknown fere autopsy findings allabla prior to impletion of ceuse death? | |
| To Be Completed by Physician/Medical Examiner | F | disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Pert It. Other significant condition 25. Was case referred to medical examinar? | d | Due Due Due Due Due Due Due Due | e to (or as a to (| consequence of conseq | of): of): of): of): of): Of): Of): Of): Of): Of): Of): Of): O | 26. Plece of Doner: 4⊡ Nursing | 24a. We peri | s en eutopsy formed? Yes 2 No one) | 24b. W. av co of | o the cause of death? bebly 4 Unknown ere autopsy findings allabla prior to mptetion of ceuse death? Yes 2 No | |
| To Be Completed by Physician/Medical Examiner | F | disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Pert It. Other algnificant condition 25. Was case referred to medical examinar? 27. Wesner of Deeth 1XI Netural 5 Pending 21 Accident Investig 31 Suicide 6 Could in | d | Due Due Due Due Due Due Due Due | e to (or as a to (or a)))))))))))))))))))))))))))))))))))) | consequence of conseq | of): of): of): of): of): 28c. Injut Wot 1 □ | 26. Plece of Doner: 4⊡ Nursing | 24a. We perl | s en eutopsy formed? Yes 2 No one) sidence 6 C how injury occurrence. | 24b. W av co of 1[| o the cause of death? bebly 4 Unknown ere autopsy findings allabla prior to mipletion of ceuse death? Yes 2 No | |
| To Be Completed by Physician/Medical Examiner | F 2 | disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Pert It. Other significant condition 25. Was case referred to medical examinar? **Table 10 | d | Due Due Due Due Due Due Due Due | e to (or as a to (| in the underlying time of Injury M | of): of): of): DOA Oth 28c. Injuny 1 □ totory, office | 26. Piece of Do her: 4 □ Nursing ry et ry es 2 □ No | 24a. We perfuse the perfuse the Check only Home \$CKes 28d. Describe 28f. Location City or To | s en eutopsy formed? Yes 2 No one) sidence 6 C how injury occ | 24b. Wave co of 1 [| o the cause of death? bebly 4 Unknown ere autopsy findings ailabla prior to mptetion of ceuse death? Yes 2 No fy) | |
| edical Certification: To Be Completed by Physician/Medical Examiner | 2 | disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Pert It. Other significant condition 25. Was case referred to medical examinar? Note: 1 Note: | d. Hospital: 1 [28a. Der (M. (M. (M. (M. (M. (M. (M. (M. (M. (M. | Due Due Due Due Due Due Due Due | e to (or as a to (| in the underlying the | of): | 26. Plece of Doner: 4 □ Nursing y et rk? Yes 2 □ No me, dete end place | 24a. We perfuse the perfuse the Check only Home \$CKes 28d. Describe 28f. Location City or To | s en eutopsy formed? Yes 2 No one) sidence 6 Co how injury occ (Street end Nur Nur, Stete) e ceuse(s) and no date and plece | 24b. W. av co of 1[| o the cause of death? bebly 4 Unknown ere autopsy findings allabla prior to impletion of cause death? Yes 2 No fy) bel Routa Number, stated. o the cause(s) | |
| To Be Completed by Physician/Medical Examiner | 2 2 2 | disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Pert It. Other algnificant conditions examinar? The sequence of Death IXI Netural 5 Pending Investig 2 Accident 3 Suicide 6 Could net determine the conditions of the country of the | Hospital: d. Hospital: 11 28a. De (Mail and ma | Due Due Due Due Due Due Due Due | e to (or as a to (| consequence of conseq | of): | 26. Plece of Doner: 4 □ Nursing y et rk? Yes 2 □ No me, dete end place | 24a. We perfuse the perfuse the Check only Home \$CKes 28d. Describe 28f. Location City or To | s en eutopsy formed? Yes 2 No one) sidence 6 C how injury occ | 24b. W. av co of 1[| o the cause of death? bebly 4 Unknown fere autopsy findings allabla prior to impletion of ceuse death? Yes 2 No No Routa Number, istated. o the cause(s) Dey, Yeer) | |



| | ITEM#19a719b PER F.H. FL | State of Maryla | - | tificate of | | | a. No. |) | 168 |) () | | |
|-------------------------------|---|---|---------------------------|---|---|---|--|--------------------------------------|--|-------------|--|--|
| | Decedent's Nama (First, Middla, Last) | | I.D. | | | 2. Data of Deat | | - | 3. Tima of D | eath | | |
| | Vera Fayrish | er2 k349 | | | | Month MA- | Day | Yaar 1991 | 4:02 | PN | | |
| | 4a. Facility Nama (If not institution, giva | treet and number) | | | 4b. City, Town, or Lo | | 4c. County | of Death | | | | |
| | 21 idroft ieuis | ١. | | | BALTI | MORE | | N/A | | | | |
| | 5. Social Sacurity Number 6. Sax 220–33–4848 | 7. Aga (In yrs | s. last birthday) Yrs. | If Undar 1 Yaar Months Days | 8. Data of Birth Month, Day JUNE 20 | f Birth Place (State or Country) Day, Year) 1914 UKRAINE | | | | | | |
| | 10a. Stata 10b. County | 10c. C | ity, Town or Lo | cation | | | | 16 | 10d. Inside City Limit | | | |
| | MD N/A | | BALTIM | ORE | | | | Y Yas 2□N | | | | |
| | 10e. Street and Number | | 2/10111 | 10f. Zip Coda | | 10 | Og. Citizan of | What Coun | 2121 | | | |
| | 5906 PARK HEIGH | TS AVE. APT. | 510 | 21215 | | | UKRA | | uy. | | | |
| ı | | 12. Was Decedent Evar in I | | | lispanic Origin? (Sp. | acify Yas or No- | | e - Amaric | an Indian | | | |
| Completed by Lanelan Director | 1 Nevar Married 2 MMarried 3 Widowad 4 Divorced | Armed Forcas? 1 □ Yas 2 □ X X o If Yas, Giva Yaar or Datas: | H | Yas, specify Cub | an, Maxican, Puarto Specify: | Rican, etc.) | | ck, Whita, | | | | |
| | 15. Decedent's Educ (Specify only highast grade | cation complated) Collega (1-4or 5+) | (Giva i | lant's Usual Occup kind of work dona 20 NOT usa ratire MAKER | during most of work | ing | 16b. Kind of Business/Industry | | | | | |
| | 17. Fathar's Nama (First, Middla, Last) UNKNOWN | C | AGAN | CHRER | | a (First, Middla, A UNKNOWN | OWN HOME irst, Middla, Maidan Sumama) NKNOWN | | | | | |
| | 20a. Mathod of Disposition 1 | | | | | | | | | | | |
| | 23a. Part1. Entar tha disaasa, or complications, or haart failura. List only on Immediata Cause (Final disaasa or condition rasulting in daath) | a ceusa on aach lina. | ath. Do not ante | ar tha moda of dyir | | | | | Approximata Interval Batwa Onsat and De | | | |
| | Sequantially list conditions, if any, laading to immediate causa. Enter Undartying Ceuse (Disease or Injury that infilted events | | | | | | | | | | | |
| 1 | d. | | | | | | | | | | | |
| | Pert II Other significant conditions cont | | .1 | | | | | 3b. Did tobacco use contribute to th | | | | |
| | Pert II. Other significant conditions conf | dieles | mel | itus, | | | | | - 74 | | | |
| | Pert II. Other significant conditions controlly per tersion, | dieletes | mell ese, | (0-ge) | tive | 1 ☐ Ye | n autopsy nad? | 24b. Wa | ira autopsy fininialiabla prior to nplation of caudaath? | dings sa | | |

To the Mospital Action of Physician: The law requires that the death certificate be executed within 24 hours tarfier death.

To the Poperal Director: After this certificate has been signed by the attending physician and completely hilled in by the funeral director, page 2 should be deteched for use as the bunal-transit

Division of Vital Records, P.O. Box 68760,

Physician /Medical Examiner

Physic /Med Exam

Funera Directo

permit. Pages I and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28=4 show any injury or other transmitted event, "me Medical Exercises may be notified as

Baltimore, Maryland 21215-0020

Medical Certificat

2 Accidant 3 Sulcida 4 Homicida

6 Could not be determined

28a. Placa of Injury - At homa, farm, straat, factory, offica building, etc. (Spacify)

Beltimore, MD

28f. Location (Straat and Number or Rural Routa Numbar, City or Town, Steta) Certifying Phyaician: To the best of my knowladge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

2 Madical Examinar: On the basis of exeminetion end/or invastigation, in my opinion, daath occurred at the time, date and place, and due to the cause(s) and menner stated.

29a. Cartifiar (Check only one) 29b. Signatura and titla of cartifiar

29c. Licansa number

29d. Data signed (Month, Day, Yaar)

30. Name and addrass of person who complated causa of death (Item 23a) (Type, Print)

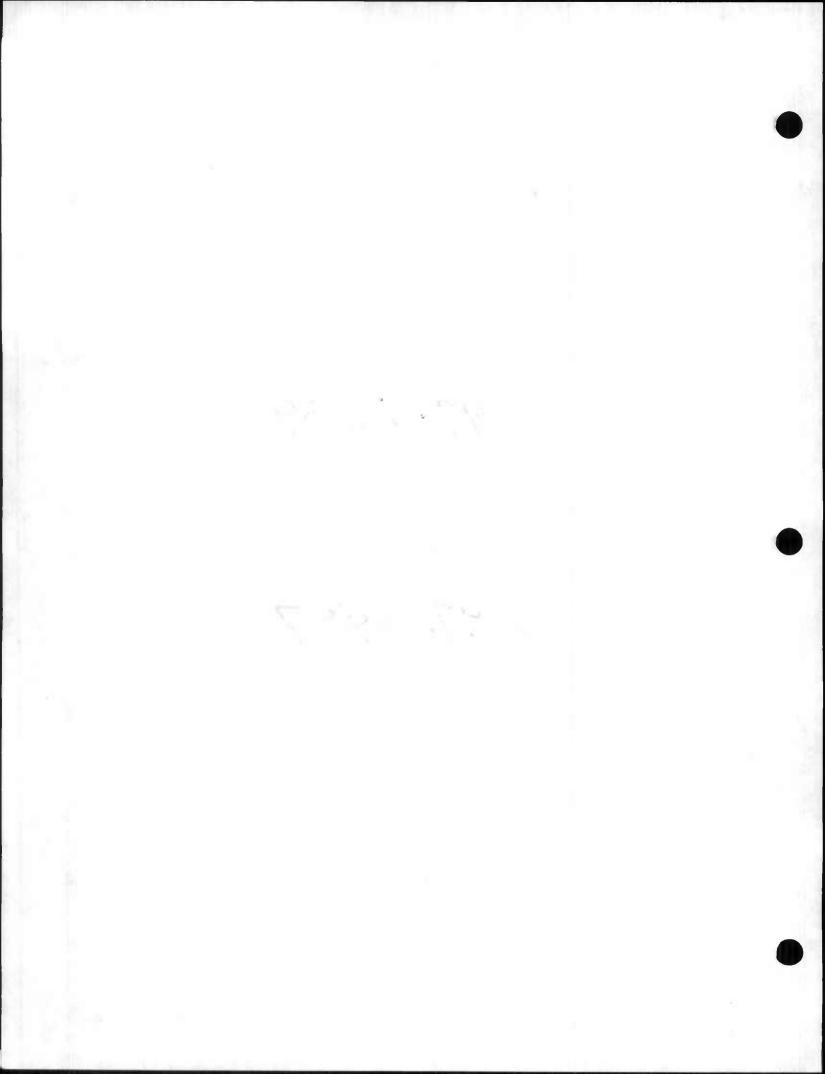
J. W. Ikinson, MD 2401 W. Belvedove

31. Data filed (1911) Day, 1997

State Registrar

o ^a n ^a n b so ^{ad} again

VOID
CERTIFICATE **
-97-16447



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6840 Certificate of Death Items: 25, 28b, e, f per MEO G-750 8/25/97 dh 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath 3. Tima of Death **Physician** Month Yaar Finch 97 1455 Walter may /Medical 4a. Facility Nama (If not Institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Bayview medical center Baltimore If Undar 1 Yaar if Undar 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Yaar) Birthplace (Stata or Foraign Country) **Funeral** Days 1 M 2 □ F Yrs. Director 220-07-8237 79 Jan. 25, 1918 Md. Usuai Rasidenca of Decadant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Llmits 28a-f show ns 23a or 28a-f show Director 1 ☐ Yas 2 TR No Baltimore Baltimore 10e. Street and Numbar 10f. Zip Coda 10g. Citlzan of What Country? 902 Old Oak Rd. 21212 USA Funeral 11. Marital Status 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) Race - Amarican Indian, Black, Whita, atc. traumatic event, the Medical Examiner filed within 72 hours efter 1 Navar Married 2 ☐ Married 1 X Yas 2 □ No 8 Specify: White by If Yas, Giva Yaar or Datas: WW - II 1 ☐ Yas 2 ☑ No Spacify: 3 ☐ Widowed 4 ☐ Divorced "natural", Completed 16a. Decedant's Usuai Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Hygiene. Elamantery/Secondary (0-12) Coilega (1-4or 5+) Patent Attorney Self Employed other 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) s 1 end 2 should be fill I Health end Mental H tem 27 is marked oth Be Walter Goss Finch Lena Mae Koontz 19a. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, State, Zip Code) Pages 1 end 2 nent of Health e Mrs. Patricia Finch/wife 902 Old Oak Rd. Baltimore, Md. 21212 other 1 20b. Plece of Disposition (Nama of camatary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 0 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata permit. Page Department of Important: If any injury or 4 ☐ Donation 5 ☐ Othar (Specify) Arlington National Cem. 6/6/97 Arlington, Va. 21. Signature of Funeral Sarvica Licensee 22. Nama and Addrass of Facility Ruck Towson Funeral Home, Inc. 23a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heer failure. List only one cause on each line. Approximata Intarval Batw Onsat and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) subdural hemotoma 19 Days Examiner Due to (or as a consaquance of): Examiner 19 Days contusions multiple cerebral The law requires that the deeth certificete be executed Sequantially list conditions, if any, laading to immediata cause. Entar Underlying Causa (Disease or Injury that initiated avents rasuiting in death) Last pue buriel-tren Due to (or es e consequança of): Physician/Medical the Dua to (or as a consequance of) 98 use Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contributa to the cause of deeth? signed by the 1 Yes 2 No 3 Probably 4 Onknown Insulin Dependent Diabetes mellitus P 24b. Ware autopsy findings availabla prior to complation of causa of death? 24a. Was an autopsy performed? Completed 1 ☐ Yas 2 ☐ No certificate 1 Yas 2 No Attanding Physician: director, 8 25. Was casa rafarred to medical 26. Place of Death (Check only ona) Hospitel: 1 Inpatiant Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) Certification: To 1 XX 20 7/21/97 2 ER/Outpatient 3 DOA this funeral 27. Mannar of Death 28b. Tima of Injury 28e. Deta of Injury (Month, Dey Year) 28d. Dascribe how injury occurred 28c. Injury at Work? After 5 Pending invastigation 1 Natural 1 Yas 2 No death 2 Accidant Fall down steps after death may 10 97 unknown the 6 Could not be datamined 3 Suicida 28f. Location (Streat and Number or Rural Route Number, City or Town, Steta) 4915 Greenspring Ave., 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) in by 4 Homicida 20 Ly I Durn Arboretum

1 Certifying Physician: To the best of my knowladga, daath occurred at the time, dete and place, end dua to the causa(s) end manner as stated.

2 Madical Examinar: On the basis of exemination and/or invastigation, in my opinion, death occurred at the time data and manner of exemination. 29a. Cartifiar Medicai 2 Madical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. 29b. Signatura and titia of cartifiar 29c. Licansa numbar 29d. Data signad (Month, Day, Yaar)

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21215-0020

Maryland

Baltimore,

Box 68760,

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Records,

Division of Vital

State Registrar 30. Nama and eddrass of person who completed causa of death (Itam 23a) (Type, Print)
600 N. Wolfe St. Boutinore mD
31. Date fillad (Mogh, Day, Yay) 1007

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Personal Terror Total Control of the control of the

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97-3014-510 wlc KAREN

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

| and / | Department of Health and | Mental | Hygiene |
|-------|--------------------------|--------|----------|
| | Certificate of Death | | Reg. No. |

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|----|-----------|---|
| | Physician | 1 |
| l, | /Medica | ı |

Examine

6841 3. Tima of Deeth

152p

10d. Inside City Limits

1 Yes 2 No

 Birthplace (State or Foreign Country) Maryland

Funeral Director

the Maryland Directo with Funeral

ral', or items 23s or 28s-f show Examiner must be notified at

21215-0020

Baltimore, Maryland

permit. Pages 1 and 2 should be filed within 72 hours efter death Depertment of Health end Mental Hygiene. Important: If flem 27 is marked other than "natural", or flems 23 any injury or other traumatic event, ma Modical Eventment management.

Be 10

Physician /Medical **Examiner**

> Examiner sician and burial-transit physician s the burial Physician/Medical as usa signed by the a Completed by page 2 certificate Be Certification: To this uneral Aftar affer dead Director: B

The law requires that the death certificete be executed

Box 68760.

P.O.

Records,

Division of Vital or Attending Physician:

1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month Dev June 2,1997 Karen Marie Fritzges 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Daeth 4c. County of Deeth 4313 BERGER AVENUE BALTIMORE If Under 1 Yaar If Undar 24 Hrs. Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Months Deys 1□ M 2X F 37 Yrs. August 15, 1959 213-70-1173 Usual Residence of Dacadent 10e. Stete 10b. County 10c. City, Town or Locetion Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? United States 4313 Berger Avenue 21206 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. 1 Yas 2 No If Yes, Give Yaar or Dates: 1 □ Navar Married 200 Married 1 Yes 2 No Specify: à Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Balto. County Dept. Recreation Park Attendant 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Charlotte Ann Charlton Murray Joseph Bohn, Sr. 19e. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) 4313 Berger Avenue Baltimore, MD 21206 John C. Fritzges, Jr. / Husband 20b. Place of Disposition (Nama of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 X Buriel 2 ☐ Cramation 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) 6/6/97 Holly Hill Memorial Gardens Baltimore, Maryland 22. Name and Address of Fecility Leonard J. Ruck, Inc. Funeral Home 21. Signature of Functui Sarvice Licenses 5305 Harford Road Baltimore, MD 21214 23e. Perti. Enter the data or complications that causad the daath. Do not enter the mode of dying, such as cerdiac or raspiratory arrest, shock, or heert future. List only one causa on each line. Immediete Cause (Finel a Contact Gunsher wound of disease or condition resulting in death) Due to (or es a consequence of) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Last Due to (or as a consequence of) Due to (or es e consequance of):

Pert if. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Wes en eutopsy performed?

1 Yes 2 No

24b. Were eutopsy findings eveilabla prior to completion of ceuse of death? 1 ☐ Yes 2 ☐ No

Approximata Intarval Between Onset end Deeth

25. Wes cese referred to medical 1X Yes 2 No

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dev Year) -2 -97 Investigation

28b. Time of Injury 1345 M

28c. Injury at Work? 1 Yes 2 No

Other: 4 ☐ Nursing Home 5 🕅 Nesidence 6 ☐ Other (Specify) 28d. Describe how injury occurred

Subject Sel Shot 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4313 Berger prenue

29e. Certifier (Check only one)

edical

27. Manner of Deeth

1 Naturai

2 Accident

3 Suicida 4 ☐ Homicide

28e. Place of Injury - At home, farm, straat, factory, office building, etc. (Specify)

Les idence 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, and due to the ceuse(s) and menner es steted.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and plece, and due to the cause(s) and munnar stated.

29b. Signeture and title of certific

29c. License number O.C.M.E.

29d. Date signed (Month, Dey, Year) June 3, 1997

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

David Ruler 31. Date filed (Mont)

5 Pending

6 Could not be determined

111 Penn Street, Baltimore, Maryland 21201

26. Place of Deeth (Check only one)

State Registrar 32. Registrar's Highature

19 mane

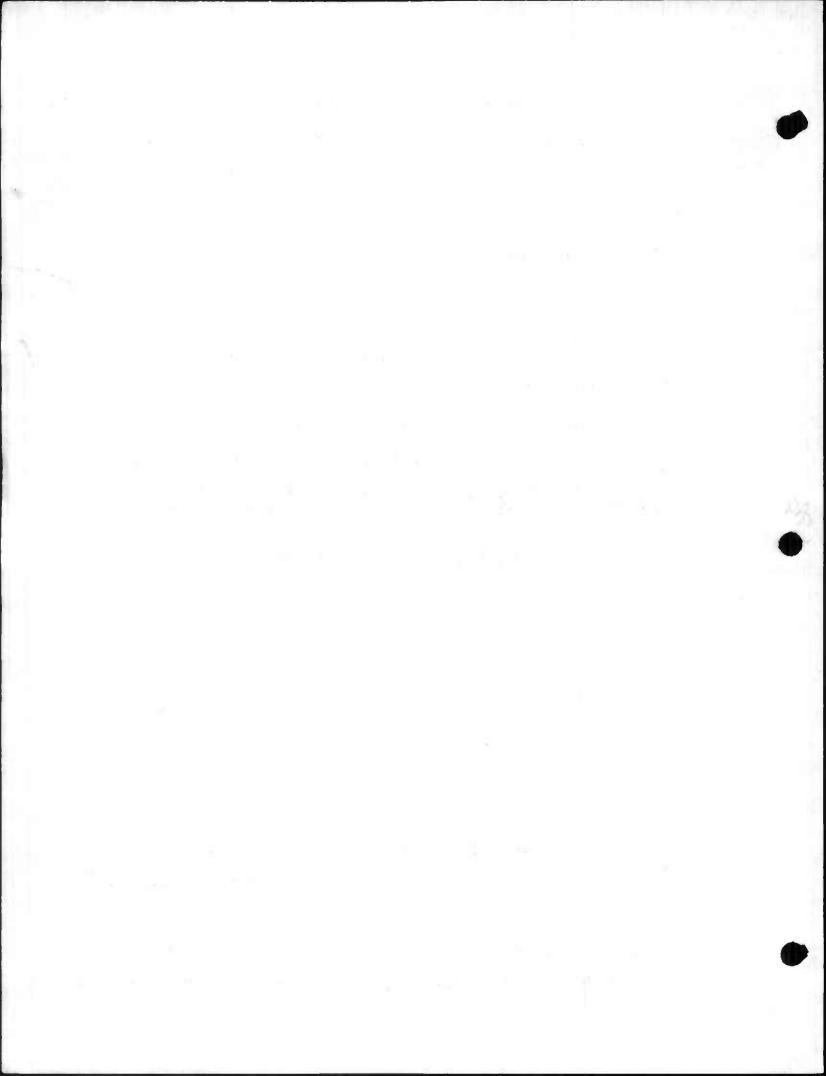
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

97

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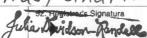
| | | Deceded to Norma (First Middle 1 and | | | | | | | Dealli | | Reg. No. | | | | | |
|--|---|---|---------------------------------|--------------------------------------|--|--|--------------------------------|----------------|-----------------------------|----------------------------|----------------------------------|-------------------------------------|---------------------------|---|--------------------|-----------|
| Physician /Medical | | 1. Decedent's Name (First, Middle, Last) ANTHONY WAYNE | | | | | | RANT | | JUNE 0 199 199 94 | | | | 3. Time of Death 12:12 | | |
| Examiner | 4 | a. Facility Name (If not ins | | | | | | | 4b. City, To BALT | | RE 4c. County | | y of Death | | | |
| uneral irector | | i. Social Security Number 099-56-671 Usual Residence of Deced | / | ax M 2□F | 7. Age (In yrs. 3 0 | 30 Yrs. If Under 1 Y Months Di Month | | | | | 8. Date of Bi (Month, D | | | olace (State or Foreign htry) N . Y . | | |
| r 28a-f show Inotified at Irector | - | 10a. State 10b. C | | a. | 10c. Cit | | | | | | | | 10 | | le City Limits | |
| 28a notifi | | 10e. Street end Number | | | | | 10f. Zip C | ode | | | | 10g. Citizen of | What Coun | trv2 | | |
| 23a or | | | nıımer | 1+ 5+ | | | , | | 201 | | | | | | | |
| or items | | 1. Marital Status | ever Married 2 Married 1 Yes 2 | | | ff Yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, Whit | | | | | ce - America ck, White, e | an India: etc. | | | | |
| 'natural', | - | | 1115-2011 | Year or [| Dates: | 10. 0 | de este diferent | | | | | 405 105 1 - 4 0 | | | • | |
| | | (Specify only | ucation de <i>completed)</i> |) | (Give | dent's Usuai kind of work DO NOT use | done | during mos | t of worki | ng | 16b. Kind of B | usiness/ind | Justry | | | |
| omp | | Elementery/Secondary (| College (| (1-4or 5+) | | | | | | | | | | | | |
| Se Co | - | 1 2. 7. Father's Name (First, M | iddle Last) | | | | | D.J./Recording | | G A | rtist | a, Melden Sumar | Mus | 31 C | | |
| 9 111 | 1 | Walter J. | | าลท | | | | | 10. NOTHE | | | | 110) | | | |
| 1 P | - | | | | | | | | | | elyn 1 | - | | | | |
| 5 | | 19a. Informant's Name/Re | | | | | | | | | | ber, City or Town | | Code) | | |
| other traumatic | - | Walter Col | eman/ | fathe | | 1303 | N. 2 | 28t | th St | . R: | | nd, Va. | | | | |
| r othe | 2 | 0a. Method of Disposition 1 ☐ Burlal ②☐C&m | ntion O | Demoust from | | Plece of Dispo cemetery, crer | sition (Name natory or oth | of er pla | ce) | | Date | 20c. Location | - City or To | wn, State | 9 | |
| 7 0 | | 4 Donation 5 Ot | | | | tro C. | remat | or | У | i | 5 | Catons | will | Θ. | MD | |
| any Injury once. | | 21. Sondure of Funeral S | rvice Lican | See _ | | | . Name and | | | - | 1 | Caconia | V J. J. J. | | 1 217 | |
| any Injury or | | 1 | 0 | 2/ | 1 | | | | | | & Son | | | | | |
| | 1 | game | · 4. | 111 | nuon | | 701 T | au | rens | St | . Ball | to., Mo | . 21 | 217 | | |
| | 1 | 23a. Part 1. Enter the disea | se, or comp | plications that to one cause on (| baused the deat each line. | h. Do not ent | er the mode | of dyir | ng, such as | cardiac o | r respiratory | arrest, | | Approxi | mate Between | |
| ician | 1 | V | , | | | | | | | | | | 1 | Onset e | nd Death | |
| dical | | mmediate Ceuse (Final disease or condition | | M | 1. Ot. 11 | 0/1/1 | al at | 4 1-41 | | 0 | | | | | | |
| niner | Н | resulting In death) | | a | ultiple Due to (c | guro | 10001 | ~ [| runce | | | | | | | |
| ē | Г | | | | Due to (c | or es-a conseq | uence ot): | | | | | | i | | | |
| use es the buriel-transit | П | | | b | | | | | | | | | | | | |
| the buriel-transit | | Sequentially list conditions feny, leading to immediate | | Due to (or as a consequenca of): | | | | | | | | | | | | |
| ai m | | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury | | | | | | | | | | | | | | |
| E 5 | | that initiated events resulting in death) Last Due to (or es e consequenca of): | | | | | | | | | | į | | | | |
| use es | | | | | | | | | | | | | | | | |
| | | | | d | | | | | | | | | | | | |
| should be detached for ieted by Physicia | F | art II. Other eignificant co | nditions co | ntributing to d | leath but not res | ulting in the u | nderlying cau | ise aiv | ven in Pert I | 1. | 23b. Did | tobecco uae co | ntribute to | the cau | ee of death? | |
| be detached for by Physicia | | art II. Other eignificant conditions contributing to death but not resulting in the underlying cause | | | | | | | | | 1 Yes 2 No 3 Probably 4 Unik | | | | | |
| y P | | | | | | | | | | | | | 100 20240 | 0_,,, | Autory | - Connion |
| 0 0 | 1 | | | | | | | | | | 24a We | s an autopsy | 24b. We | ere eutor | sy findings | |
| ete ete | - | | | | | | | | | | perf | ormed? | ava | allable pr | for to of cause | |
| N D | | | | | | | | | | | | | | death? | | |
| Com | | | | | | | | | | | 12 | Yes 2□No | 1 👨 | Yes | 2□ No | |
| Be (| | 5. Was case referred to m | edical | | | | 26 | | 26. Piece | of Death | (Check only | one) | | | | |
| - 0 | | examiner? Y□ Yes 2 □ No | | Hospital: 1 🗌 | Inpatient 2 🗆 | eatient 2 ER/Outpetien | | Oth | ner: 4 🗆 Nu | ursing Hor | me 5□Res | idence 8 DOtt | ner (Specify | v) | | |
| m l | 2 | 7. Manner of Death | | 28a. Date | of Injury | 28b. Time of | | : Inju | | | | how Injury occur | | , | | |
| funer | | | ending rvestigation | (Mon | nth, Day Year) | injury | М | | rk? Yes 2.2⊠ | No | C. 0- | ersh. | _ | | | |
| completely filled in by the funeral Medical Certification: | | 3 Sulcide 6 □ 0 | ould not be | 290 Place | /97 | 0021 | | | | | 28f Location | (Street and Num | har or Bura | I Poute | Number | |
| E P | | 4 Nomicide | letermined | 200. FIEG | a of fnjury - At ho ing, etc. (Specif | y) | eet, ractory, t | опісе | | | | (Street and Number, State) | | | vuiii <i>ber</i> , | |
| 8 8 | | | | | 5 | rect | | | | / | V. Freen | cont. Ball | some Co | Uty. | | |
| completely filled in by the Medical Certifical | 1 | 29a. Certifier 1 Ce (Check only one) Me | rtifying Phy dicaf Exam | iner: On the b | e best of my kno easls of examina ener stated. | wledge, death tion end/or inv | occurred at restigation, Ir | the tir | me, date an opinion, dea | id place, a ith occurre | and due to the ed at the time | cause(s) and m , date end place, | anner es st and due to | ated. the cau | se(s) | |
| M | 2 | 9b. Signeture and title of o | artifier | | | | 29c. l | icens | se number | | | 29d. Date signe | d (Month, I | Day, Yes | ar) | |
| | | 1/10 | 00 9 | 4 1,1 | ight 1 | MA | | 0 | C.M.F | F | | JUNE 0 | 1 100 | 97 | | |
| | | ragna | | | | | | 0. | C.M.I | • نا | | OOME O | 1,19: | | | |
| 1 | 3 | 0. Name and address of p | erson who o | ompleted cau | | | | | | | | | - | 212 | 0.1 | |
| , | | DONALD | | KIGH | 1,1 | 1 Ren | Str | ee | t, Ba | alti | more, | Maryl | and 2 | 717 |) T | |
| State | 3 | 1. Date filed Mid. On | 1997 | 544 | legistrar's Signa | ure | -4 | | | | | | | | | |



| | | | ITEM#10F PER F?H. FLM# | State of Marylan | 0- | artment of rtificate of | Health and I Death | | iene 9 7 | 1 1684 | 3 |
|-------------------|--|-----------------------|--|--|-------------------------------|--|--|--|------------------------------------|--|---------|
| | Dh | | 1. Decedant's Nama (First, Middla, Last) | | 5 | | | 2. Data of Deat | | 3. Tima of D | |
| | Physic /Medi | | KUSE GO | Idberg | | | | Mary | 31 19 | 13:5 | 0 |
| | Exami | | 4a. Fscility Nama (If not institution, giva s | treet and number) | | 73.1 | 4b. City, Town, or L | ocation of Death | 4c. County | of Deeth | |
| | | | SINAI HOSPITAL | | | | BALTIM | | N/ | | |
| | Funeral Director | | 5. Social Security Number 6. Sax 2/2340796 | 7. Aga (In yrs. I | Yrs. | if Under 1 Year Months Days | | 8. Data of Birth (Month, Day, APR. 3 | ,1913 | 9. Birthplaca (Stata or Country) MARYLAND | Foreign |
| | Maryland | ctor | 10a. Stata 10b. County MARYLAND BALTIN | | , Town or L | REISTER | STOWN | | | 10d. Inside City | |
| | or 28 | Director | 10e. Street and Number | | | 10f. Zip Coda | | 10 | 0g. Citizen of W | hst Country? | |
| | 23a | ral | 416 GWYNNWEST ROAL |) | | | 21117 2 | 1136 | | USA | |
| 020 | hours after death with the Maryland uret, or items 23s or 28s-f show at Exercinet must be notified at | by Funeral | 11. Marital Status 1 Navar Marriad 2 Married 3 XWidowed 4 Divorced | 2. Was Decedant Evar In U,: Armed Forcas? 1 Yas 2 No If Yas, Giva Yaar or Datas: | | Was Dacedant of If Yas, specify Cul 1 ☐ Yas 2 🗓 No | Hispanic Origin? (Sp ban, Maxican, Puarto Specify: | pecify Yas or No- p Rican, atc.) | | - Amarican Indian, c, Whita, atc. WHITE | |
| 5-0 | 72 | eted | 15. Decedant'a Educ (Specify only highast grade | ation (completed) | 16a. Dece | dent's Usual Occu | pation a during most of work | kina | 16b. Kind of Bus | sinass/industry | |
| 21215-0020 | d within plene. r then | Completed | Elementery/Secondary (0-12) | Collega (1-4or 5+) | lifa. | DO NOT use retire OMEMAKER | ed) | | OWN | HOME | |
| pu | tai Hyg d othe event, | Be | 17. Fsthar's Nama (First, Middle, Last) | | | | 18. Mothar's Nam | na (First, Middla, M | faldan Sumama | 1) | |
| S | | 2 | SAMUEL | SNYDER | 1 | | | ANNA | | ERKOW | |
| e, Maryland | d the training traini | | 19a. Informant's Name/Ralationship (Type MR. RALPH GOLDBERG | (SON) | 11 | 702 GARR | ISON FORE | ST ROAD (| | Stata, Zip Coda) MILLS, MD 2 | 21117 |
| Baltimore | permit. Peges 1 an Department of Heel Important: If Item 2 any Injury or other price. | | 20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ri 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signal for Change Service Ucaps | amoval from State | ematary, cra | osition (Nama of matory or other pla PARK OF | | | | City or Town, Stata ANDALLSTOWN | ı, MD |
| | Physician /Medical Examiner | Examiner | Immediata Causa (Final disaasa or complication) Immediata Causa (Final disaasa or condition rasulting in daath) | PNEUN Dua to (or CETE (OT) | non not an | i ar the mode of dy i a quence of): WAR | acadac | or raspiratory arre | est, | MD 21208 Approximeta Interval Betwee Onset and De | |
| ന | that the death certificate be executed ed by the ettending physician and detached for use as the burial-transit | Physician/Medical Exa | Sequentially list conditions, if any, laading to immediate causa. Enter Undarfying Causa (Disease or injury that initiated awants resulting in death) Last | | as a consec | | | | | | |
| P.0. | the de | nysic | Part II. Other significant conditions cont | ributing to daeth but not rasu | Iting In tha u | ndarlying cause g | ivan in Part I. | | _ | tributa to the cause of | |
| | es that igned b | by Pi | | | | | | 1 T Y | 00 2∐No | 3 Probably 4 □ Ui | nknown |
| Records, | aw requir as been s 2 should | Completed b | | | | | | 24a. Was ar perform | | 24b. Wara autopsy fine available prior to complation of cau of death? | |
| Œ | The ate h | Com | | | | | | 1 ☐ Ya | s 2DNo | 1 ☐ Yas 2 🖎 N | lo |
| /ita | Physician: The I this certificate he ral director, page | Be | 25. Was casa rafarred to medical axaminar? | | | | | th (Check only one | a) | | |
| 0 | Physic this c | 2 | TEL TAS ZESTAG | | ER/Outpatier | IT 3LI DOA | | oma 5 Rasida | | | |
| 5 | Affect | tlon | 27. Mannar of Death 1 ☑ Natural 5 ☐ Pending 2 ☐ Accident invastigation | 28a. Data of Injury (Month, Day Year) | 28b. Tima o Injury | Wo | nryat ork?]Yas 2 □ No | 28d. Dascribe ho | w injury occurre | и | - 7 |
| pivision of Vital | or Attan after dear Director: I in by the | Certification: | 2 Accident Investigation 3 Sulcide 6 Could not be determined | 28a. Place of Injury - At hos building, atc. (Specify, | ma, farm, str | | | 28f. Location (Str City or Town | | or Rural Routa Numbe | 91, |
| 14 | Fugar Fugar Mely filles | edical C | 29a. Cartifiar (Check only one) | clan: To the bast of my know ar: On the basis of axaminati and mannar stated. | rledga, deeti on and/or in | n occurred et tha ti vastigation, in my | ima, data and place, opinion, daath occur | and due to the ca red at tha tima, da | use(s) and man ita and place, a | inar as steted. nd dua to tha causa(s) | |
| 91 | ou dimo | Me | 29b. Signatura and titla of certifiar | | | | sa number | | | (Month, Day, Year) | |
|) | ix | | 30. Name and addrass of person who cor ISA BEIC BOY | - Mas | 22a) (Time | AS0 | 240238 | 71 1 | nay 3 | 31,1997 | - |
| | ٧./ | | ISABELC BOY | Vas, Sinai | - Hasp | DIMAL, L | v. Beluco | ler Aver | nuc. L | 3altimor | C |

Registrar

JUN U 4 1997



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Elfriede Gonzales May 1997 Helga 31 4:20 pm /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 11816 Ridge Valley Drive Owings Mills Baltimore Co. If Under 1 Year If Undar 24 Hrs. Hours Min. 5. Social Security Number 9. Birthplece (Stete or Foreign Country) 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dev. **Funeral** Months 1□M 2X)F 61 Vre 219-50-4491 November 19,1935 Germany Director Usual Residence of Decedent the Maryland 10a. Steta 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic avent, the Medical Examiner must be notified at 1 ☐ Yes 2 X No Directo Maryland | Baltimore Co. Owings Mills 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? United States Ridge Valley Drive 21117 11816 death 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Rece - American indian, 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or iter any injury or other traumatic avent, the Medical Examines once. Bleck, White, atc. 1 ☐ Yes 2 🕱 No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 🕅 Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 🕱 No Specify: Specify: White þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 12 17. Father's Neme (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Seel Johanna Theiss Oskar 20 19e. Informent's Neme/Reietlonship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Owings Mills, Maryland 21117 11816 Ridge Valley Drive Mr. Richard C. Gonzales/Husband 20b. Place of Disposition (Neme of camatery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 X Cramation 3 ☐ Removel from Stata 6/5/97 Towson, Maryland Hilltop Service Corporation 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerei Service Licensae Brian A. Willem 22. Name and Address of Facility Leonard J. Ruck Funeral Home, Inc. Buan a Wellen Baltimore, Maryland 21214 5305 Harford Road 23a. Part1. Enter the disaase, or complications that caused the death. Do not anter the moda of dying, such as cerdiac or raspiratory arrest, shock, or heert failure. List only one cause on each line. **Physician** Immediate Ceuse (Final diseese or condition resulting in death) /Medical Examiner Due to (or es a consequence of): Examiner attending physician end for use as the buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of). certificate be exect P.O. Box 68760 Physician/Medical Due to (or es a consequence of): ed by the a 23b. Did tobacco use contribute to the causa of death? Pert ii. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert i. signed by 1 Yes 2 No 3 Probably 4 Unknown cords. þ 99 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? Completed 24a. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ Po 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check and one) 1 ☐ Yes 2 € No Hospitel: Other: 4 Nursing Home 5 Andence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) 27. Manner of Deet 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? 1 □ Naturel 2 □ Ascident Division 5 Pending investigation 1 Yes 2 No or Attendation of the designation ould not ba determined 3 ☐ Suicida 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Mospital of 24 hours a Funeral D Certifying Physician: To the best of my knowledge, death occurred et tha time, date end piece, end due to the ceuse(s) end menner es steted.

Madical Examiner: On the bests of exeminetion end/or investigetion, in my opinion, death occurred et the time, dete end piece, end due to the ceuse(s) end manner stated. 29a. Certifie Medical (Check only To the F within 2 29b. Signatura and title of certifiar 29c. Licanse number 29d. Data signed (Month, Day, Year) 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

State Registrar 31. Dete filed (Month, Dey, Year)

JUN 0 4 1997

June Dayldson-Handele

And the state of t

State of Maryland / Department of Health and Mental Hygiene

Cartificate of Death

16845

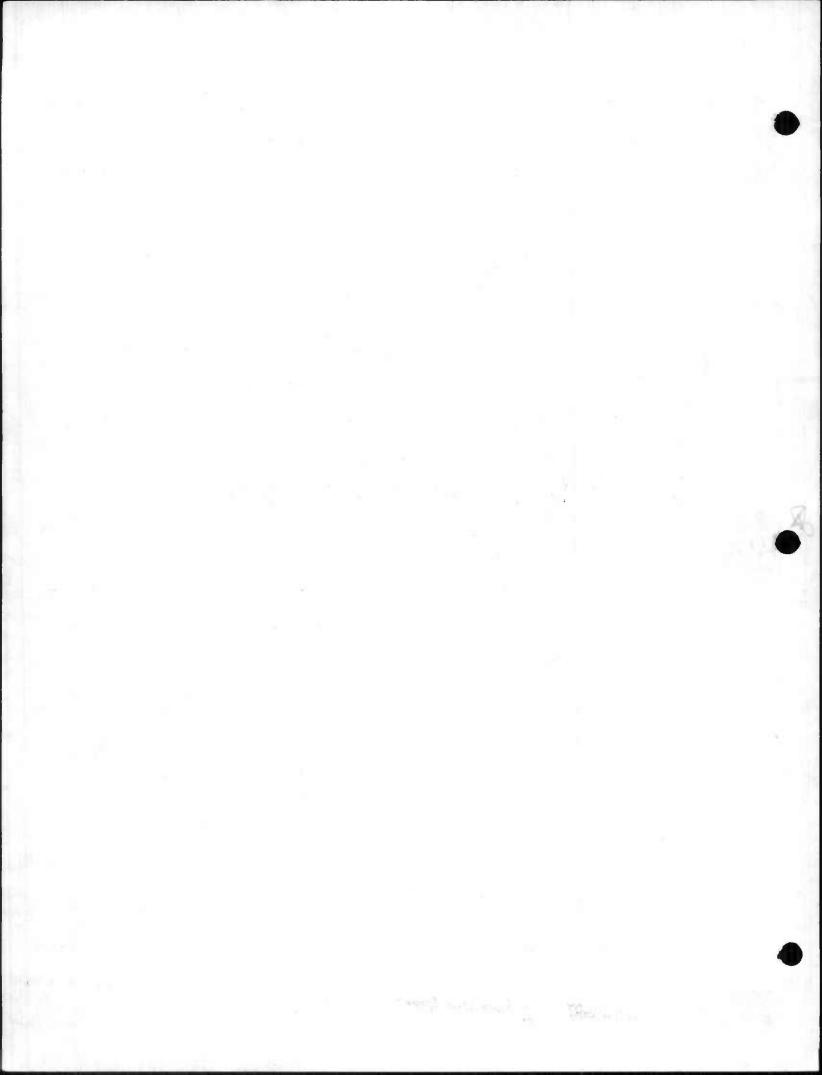
| | | | | | Cer | uncate o | Deam | | Reg. No. | | | | |
|---|----------------|--|-------------------------------|---------------------------------|----------------------------------|---|---|---|--------------------------------|--|---|--|--|
| Physic /Med | | 1. Decedent's Neme (First, Middle, i Margare | | bbard | | | | 2. Dete of D May 3 | 0, Day 99 | 7 Yeer | 3. Time of Deeth 5:00 All | | |
| Exam | | 4e. Fecility Neme (If not institution, g Genesis Elder | ive street end num care- H | omewoo | d Cen | ter | 4b. City, Town, or Balti | | h 4c. County | of Death | N/A | | |
| Funera Directo | | 217-20-4226 | Sex 7 1 □ M 2 🔀 F | 7. Age (In yrs. Ia 77 | st birthday) Yrs. | If Under 1 Ye Months De | | | | 9. Birthple Counti 9 Ma | ece (Stete or Foreign ry) ryland | | |
| P 8 m | | Usuet Residence of Decedent 10e. Stete 10b. County | | 10c. City, | Town or Loc | ation | | | 10d. Inside City Li | | | | |
| he Maryla 28a-f sho otified at | ector | Maryland 10e. Street end Number | N/A | | | 101 71 0 1 | | imore | | | 1) Yes 2 □ No | | |
| | è | 3324 Paine St | reet | | | 10f. Zip Code | 212 | 11 | 10g. Citizen of \ | USA | | | |
| Of the doors | 1 | 11. Maritel Stetus 1 □ Never Married 25 Married | Armed Ford | | if | Vas Decedent of Yes, specify C | of Hispenic Origin? () uben, Mexicen, Pue | Specify Yes or N rto Rican, etc.) | | 14. Race - American Indian, Black, White, etc. Specify: white | | | |
| 00 | Q p | 3 ☐ Widowed 4 ☐ Divorced | Yeer or Dat | tes: | | | | | | | | | |
| 115- in 72 | olete | 15. Decedent's (Specify only highest g | rade completed) | | 16a. Deced (Give I life. D | ent's Usuel Occ kind of work do O NOT use ret | cupetion ne during most of wo ired) | orking | 16b. Kind of B | Cind of Business/Industry | | | |
| 212 d with giene. | Completed | Elementery/Secondery (0-12) | College (1- | 40(5+) | | | Nurse | | Hospi | ta1 | | | |
| Maryland 21215-0020 d 2 should be filed within 72 hourself th and Mental Hygene. 7 is marked other than "natural" or preumatic event, the Medical Lutin | To Be C | 17. Fether's Neme (First, Middle, La: William Hauen | | Sr. | | | | tha Cr | o, Melden Sumen OWfoot | ne) | | | |
| C - W - | | 19e. Informent's Name/Relationship Diane Thomas | (Type, Print) Niece | 344 | | | eet end Number or F auls Roa | | Stete, Zip (| | | | |
| Pages 1 and the unit: If them rry or other | | | | cer | netery, crem | | olece) | Date 6/2/9 | 20c. Location - | | | | |
| Baltimore, permit. Pages 1 at Department of Hea Important if Nem any nijury or oths once. | | 1 | | | | | | | | | | | |
| Physician /Medical Examiner | | Immediate Cause (Final disease or condition resulting in death) | e. | Nro | nic es e consequ | R | enul | | | one one of the contract of the | Intervel Between Onset end Deeth | | |
| 0, executed an and nial-transit | | Sequentielly list conditions, if env, leeding to immediate cause. Enter Underlying that Initiated events resulting in deeth) Lest Due to (or es a consequence of): Due to (or es e consequence of): Due to (or es e consequence of): d. | | | | | | | | | | | |
| OX 68760, certificate be executed anding physician and use as the burial-transit | /Medical | | | | | | | | | | | | |
| of at at o | cian | Front II. Ohlbor olan Managara and Managara | | Ale Is A see a see to | | | | ant mi | 4-1 | | | | |
| cords, P.O. Bover requires that the death been signed by the attesthould be datached for | y Physicia | Pert II. Other significent conditions | contributing to dea | in but not result | ing in the un | derlying cause | given in Pert I. | 23b. Did tobecco use contribute to | | | 54 | | |
| 2 8 8 | Completed b | npleted by | | | | | | | s en eutopsy ormed? | eval | re eutopsy findings leble prior to spletion of cause eeth? | | |
| = F # d | Corr | | | | | | | 1 🗆 | Yes 2 No | 1 🗆 | Yes 2□ No | | |
| Vital I | Be | 25. Was cese referred to medical exeminer? 26. Place of Deeth (Check only one) | | | | | | | | | | | |
| of others aldi | - To | The injection 2 La La Voltage (Injection Company) | | | | | | | | | | | |
| Ing Ing | ation | Naturel 5 ☐ Pending investigati | on (Month, | , Dey Year) | Injury | | Vork? ☐ Yes 2 ☐ No | Zou. Describe | now injury occur | 160 | | | |
| Division or Attending a star death. I Director: After d in by the fune | Certification: | 3 ☐ Sulcide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 5 ☐ Could not be determined determined | | | | | | | (Street end Numb wn, Stete) | per or Rural | Route Number, | | |
| Div To the Hospital or / within 24 hours aftar To the Funeral Dire complataly filled in L | edical C | 29a. Certifier (Check only one) 29a. Certifying Physician: To the best of my knowledge, death occurred et the time, date end plet occurred on the time, date end plet occurred et the end plet occurred et the time, date end plet occurred et the ti | | | | | | ece, end due to the cause(s) and menner as stated occurred at the time, date and place, and due to the | | | eled. the ceuse(s) | | |
| To the within To the comple | | | | | | | 29d. Date signe | d (Month, D | Ley, Yeer) | | | | |
| 9 | | 30. Name and address of person who | completed cause | of deeth (Item 2 | (Type, F | C'inter | 24 rock | em Pan | Jum ? | Bally | more | | |
| St Regis | ate trar | 31. Date filed (Month, Day, Year) JUN 0 4 199 | | gistrada Şignetu La Davidasi | | | | | , | | | | |

State of Maryland / Department of Health and Mental Hygiene

| ysiciai | n_ | 1. Dacedant's Nama (First, Middla, La MARY E. JA | | | | | | 100 | 2. Data of Da Month | | 1997 | 3. Tima of Death | | |
|---|--|--|---|--|--|--|--|-------------------------|--|--|--|--|--|--|
| ⁄ledica | al | | NKA | -63 | - | | 4h Cib. Tou | | | | | 7:43AM | | |
| amine | er | 4a. Facility Nama (If not institution, given EAST POINT N | | | ⊋ D | | BAL T | | ation of Deat | 4c. Co | ounty of Dea | ith | | |
| eral ctor | | 5. Social Sacurity Number 6. 5 | | 7. Aga (In yrs. | | If Under 1 Yaa Months Days | r If Undar 2 | | 8. Data of Bi (Month, Di 3 – 19 | ay, Year) | 9. Bir | rthplaca (Stata or Fore ountry) RYLAND | | |
| | | Usual Rasidence of Dacadant 10a. Stata 10b. County | | 100 Ci | ity, Town or Lo | nation | | | | | | | | |
| ed at | JO. | 1ARYLAND | N/A | | | | | | | | | 10d. Insida City Lim 1 □,Yas 2 □ I | | |
| | Lec | 10e. Street and Number | IN/ A | DAL | TIMOF | 10f. Zip Coda | | | | 10g. Citizan | of What Co | ountry? | | |
| 0 | <u>a</u> | 620 S. MONTFOR | D AVEN | UE | | 212 | 24 | | | U: | SA | 10 Ou | | |
| | by Funeral Director | 11. Marital Status 1 □ Navar Married 2 □ Marriad 3 □ Widowed 4 □ Divorced | 12. Was Dace Armed For 1 Yas If Yas, Give Yaar or Da | 2 X No | | Was Dacedant of If Yas, specify Cu 1 ☐ Yas 2 ☒ No | | in? (Spec Puarto F | cify Yas or No tican, atc.) | | 14. Race - Amarican India Black, White, atc. Specify: WHIT | | | |
| | 8 | 15. Decedant's E | ducation | | 16a. Dece | dant's Usual Occi | pation | | | 16b. Kind | of Businass | | | |
| | Completed | (Specify only highast gra Elemantary/Secondary (0-12) 4 YEARS | ada complatad) College (1 | -4or 5+) | lifa. | kInd of work done DO NOT usa ratir RWOMAN | a during most ed) | of workin | g | BALTO |). CI | TY | | |
| Topo | lo Be | 17. Fathar's Nama (First, Middla, Last, JOHN PISKOR |) | | | | 18. Mothar EVA | | (First, Middle | , Maiden Su | mama) | / | | |
| Curer traumanc event, the Medical | | 19a. Informant's Name/Ralationship (| | | 19b. Mailir 5 1 3 | ng Addrass (Strae | | | | | | | | |
| | - | 20a. Mathod of Disposition | 1115 | 20h I | | | ERIA : | SIRE | Data D | | | | | |
| | | 20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Spacify) 20b. Place of Disposition (Nama of camatary, cramatory or other place) ST. STANISLAUS CEM. | | | | | | | | 20c. Location - City or Town, State BALTO. MD. | | | | |
| 9 | 1 | 3/1 Signature of Funeral Service Liper | | | 22 | 2. Nama and Addi | ass of Facility | , | - 4 | | J. 170 | • | | |
| ouce. | 1 | KACZOROWSKI FUNERAL HOME. 1201 DUNDALK AVENUE BALTO. MD. 21222 | | | | | | | | | | | | |
| | | 23a. Part1. Entar tha disaasa, or cbm shock, or haart feilure. List only | plications that ca | usad tha daat | th. Do not ant | ar tha moda of dy | ing, such as c | ardiac or | raspiratory a | rrast, | MD. | Approximata Intarval Between | | |
| lan cal | | | | | | | | | | | | Onsat and Death | | |
| | iner | Immediate Causa (Final disease or condition resulting in death) | | Due to (d | or as a consec | | | | | | | DAYS YEARS | | |
| nal-transit Evaminer | al cxaminer | disease or condition resulting in death) | | ferio Dua to (c | S cleror as a consequence | quance of): | leart | | 15 20 | se | | DAYS YEARS | | |
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DHMH 16 Rev 6/95

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Dey 2 4b. City, Town, or Location of Death 1997 DOLORES ANN KENDALL 4e. Facility Name (If not institution, give street and number) 4c. County of Deeth WICOMICO SALISBURY If Under 1 Year Months Deys If Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthday) Months 61 MARYLAND 10b. County 10c. City, Town or Location WICOMICO CO. BERLIN 10f. Zin Code 10g. Citizen of What Country? 21811 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien. Bleck, White, etc. 1 ☐ Yes 2 ☐ XNo Specify: WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) LIBRARIAN SCHOOLS 18. Mother's Name (First, Middle, Meiden Surneme)

PENINSULA REGIONAL MEDICAL CENTER 5. Sociel Security Number **Funeral** 9. Birthplace (Stete or Foreign 212-34-1260 Director Usual Residence of Decedent 10e. State 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at Director MD. 1 ☐ Yes 2 ☐ No 10e. Street end Number 8 8099 OCEN PINES 238 Funeral (tems) 11. Maritel Stetus 1 Never Married 2 Married natural, or by 3 Widowed 4 □ Divorced Completed 15. Decadent's Education (Specify only highest grede completed) Elementary/Secondery (0-12) 12 YEARS marked other 17. Fether's Neme (First, Middle, Last) Pages 1 and 2 should be and Mental MICHAEL. LIPKA JOHANNA CIESLAK 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) MR. ROBERT KENDALL 8099 OCEAN PINES BERLIN, MD. riportant: If item 27 21811 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition Date 20c. Location - City or Town, Stete ō 1 Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) STANISLAUS CEM. BALTO. MD. 6-2 Signature of Funeral Service License 22. Name end Address of Facility KACZOROWSKI FUNERAL HOME 1201 DUNDALK AVENUE BALTO. 21222 23a. Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in death) Examiner Examiner or Attending Physician: The law requires that the deeth certificate be axecuted Lnteo the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) P.O. Box 68760. Physician/Medicai Due to (or es e consequença of): Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, p 24b. Were eutopsy findings availeble prior to completion of cause of death? 24e. Wes en autopsy performed? Moris 1 Yes 2 No 1 ☐ Yes

Be 2

ate has been signed by the e page 2 should be detached f Aftar this certificate To the Hospital or Attending Physiwithin 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral dir Certification: Medicai

Physician

/Medical

Examiner

Completed

State Registrar

31. Dete filed (Month, Dey, Year)

25. Wes case referred to medical exeminer?

29b. Signature end title of certifier

1 Yes 2 No

27. Menner of Deeth

2 Accident

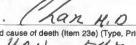
4 Homicide

(Check only one)

3 Suicide

29a, Certifier

1 Neturel



29c. License number

Riverside D.

1 Yes 2 No

26. Plece of Deal (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how Injury occurred

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) end manner steted.

Location (Street and Number or Rural Route Number, City or Town, State)

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

BEWITO S- CHAN

Hospitel: 1 Inpatient

28e. Dete of Injury (Month, Day Year)

2. Registrer's Signature

2 ER/Outpetient

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of

3□ DOA

28c. Injury et Work?

5 Pending Investigation

6 Could not be

State of Maryland / Department of Health and Mental Hygiene ITEM#8 PER F.H. FLM#G748 6/4/97 J.A. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month Day ose 2:40 Pm 31 1997 ma-/Medical 4a. Fecility Name (If not institution, giva straet and number) 4b. City, Town, or Location of theth Examiner 4c. County of Death HOSPICE OF BALTIMORE-GILCHRIST CENTER TOWSON BALTIMORE Hours Min. 8. Date of Birth JUNE -20 5. Sociel Sacurity Number If Undar 1 Year 7. Age (In yrs. last birthday) **Funeral** 9. Birthpiece (Stata or Foraign 1□ M 👷 🗆 F Days 75 Yrs. MARYLAND Director 212-14-3828 Usual Rasidance of Decedant with the Marylend 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits items 23a or 28a-f ehow the Medical Examiner must be notified at MARYLAND BALTIMORE BALTIMORE 1 Yes 2 No Director 10e. Street end Number 10f. Zip Coda 10g, Citizan of What Country? USA 6613 CHIPPEWA DRIVE 21209 Funeral 12. Wes Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas ♣☐ No If Yas, Give A Year or Dates: Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yes, specify Cuben, Maxicen, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. filed within 72 hours after 1 Never Marriad 2 Marriad 6 3altimore, Maryland 21215-0020 1 Yas 2 No Specify: p Specify: WHITE 3 X Widowad 4 ☐ Divorced "natural". Completed 15. Decedant's Education (Spacify only highest grade completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry than Eiamantary/Sacondary (0-12) Collage (1-4or 5+) OWN HOME HOMEMAKER other 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maiden Surnama) Be Pages 1 end 2 should be nent of Health and Mental is marked BENJAMIN GREENSPON FANNY SILBERBERG 2 19a. Informant's Name/Relationship (Type, Prin MR RONALD KATZ (SON) 19b. Mailing Address (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code) permit. Pages 1 end 2: Department of Health ar Important: If Ikem 27 is any injury or other traugues. 9 CIRCUIT CT. OWINGS MILLS, MD 21117 20a. Mathod of Disposition 20b. Place of Disposition (Nama of Data 20c. Location - City or Town, Steta cemetery crematory of other place) 1 Burial 2 ☐ Cramation 3 ☐ Removal from Stata 6-2-1997 ROSEDALE, MD 4 ☐ Donation 5 ☐ Othar (Specify) 22. Nama end Addrass of Facility SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 that ceusad tha daath. Do not anter the moda of dying, such as cerdiac or raspiratory errast, as on each line. 23a. Part1. Entar tha disees shock, or heart fallura. Approximata Intarval Batwaan Onsat and Death Physician Immediate Causa (Final disaase or condition rasulting in death) /Medical Adenocarcinoma Examiner Due to (or as a consequence of) The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata ceusa. Entar Underlying Cause (Diseasa or Injury that initiated avents resulting in deeth) Last Dua to (or as a consequence of) P.O. Box 68760, Physician/Medical Dua to (or es e consequance of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert f. 23b. Did tobacco use contribute to the cause of death? signed by 1 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Wara autopsy findings aveileble prior to complation of causa of daath? 24a. Was an autopsy performed? page 2 育 ate 1 □ Yes 2 K No 1 ☐ Yas 2 ☐ No Be 25. Was cesa rafarrad to madical axaminer? 26. Place of Daath (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Hosp Ca 2 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) Certification: 28b Time of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 Natural 1 ☐ Yas 2 ☐ No death 2 Accident None after dealf Director; 3 Suicida 6 Could not be datarmined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata) à 4 Homicida hours 29a. Certifian 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical (Check only one) 29b. Signature and title of partition 29c. Licansa numbar 29d. Data signed (Month, Day, Yaar) id cause of death (Itam 23a) (Type, Print) 30. Nama and address of person who are 101 harles St. 32. Registrar's Signatura 31. Data filed (Month, Day, Year) State ula Savidson Registrar

A

29d. Date signed (Month, Day, Year)

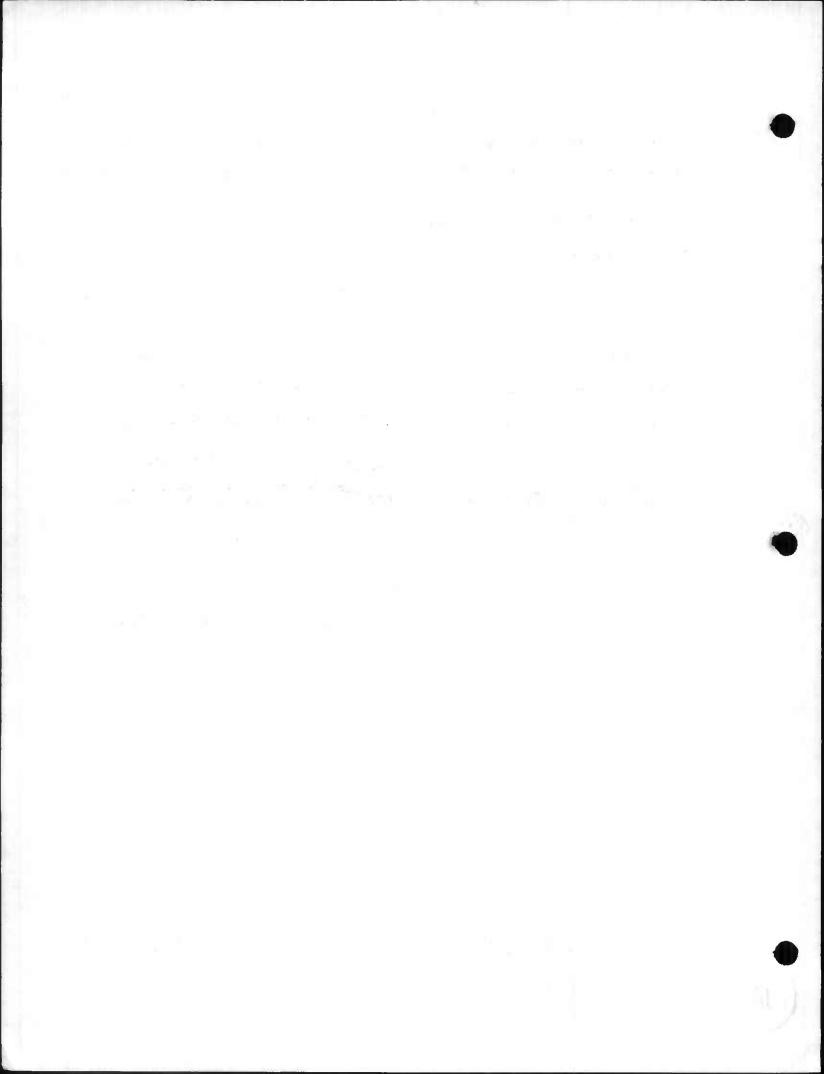
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|---|----------------|---|---|--|------------------------|----------------------|---------------------------|---|---|-----------------|-----------|--|--|
| Districts | | 1. Decedent's Name (First, Middle, L | ast) | | | | | | 2. Date of Dea Month | | Year | 3. Time of Death | |
| Physic /Medi | | GRACE L | ILLIAN | KI | NDRIC | K | | | May 30 | Day 1997 | Tear | 5:45 PM | |
| Exami | | 4e. Fecility Name (If not institution, ga | ve street end number) | | | | 4 | b. City, Town, or L | | | of Death | | |
| | | Heritage Meridia | n Nursing | Home | | | | Dundalk | | Balt | imor | е | |
| Funerai | | | | e (In yrs. le | est birthday) | If Under 1 Months | Year | If Under 24 Hrs. Hours Min. | 8. Date of Birth (Month, Dey October | Yeer) | 9. Birth | placa (Stete or Foreigntry) | |
| Director | | 212-20-2845 | 1□ M 2 💢 F 9 | 7 | Yrs. | W. G. Harris | Dayo | THOUSE MINI. | October " | 7,1899 | Ter | nnessee | |
| 2 2 | | Usual Residence of Decedent 10a. State 10b. County | | 100 City | , Town or Loc | ation | | | 10d. Inside | | | | |
| sho | - | , | | | | ation | | | | | | 10d. Inside City Limit 1 ☐ Yes 2 ☑ N | |
| r 28a-f show | Director | Maryland Baltimo | re | Dund | alk | | | | | | | ^ | |
| 23a or 2 | T | 10e. Street and Number | | | | 10f. Zip C | | • | 1 | log. Citizen of | | intry? | |
| death with the Maryland ms 23a or 28a-f show | rai | 3013 Dunleer Road | | | | | 122 | | | U.S. | | | |
| | Funeral | 11. Maritai Stetus | Armed Forces? | 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 🛣 No | | | nt of Hi y Cuba | ispanic Origin? (Sp n, Mexican, Puerto | (Specify Yes or No- orto Ricen, etc.) 14. Race Blac | | | lcen Indian, , etc. | |
| | by F | 1 ☐ Never Married 2 ☐ Married 3 🛱 Widowed 4 ☐ Divorcad | I Yes 2 XIII | No | 1 | ☐ Yes 2 | X No | Specify: | | Specify | y: Wi | hite | |
| 72 hours natural', | | 15. Decedent's E | | | 16a. Decede | nette Haust | 000000 | tion | | 10h Kind of D | | and the same | |
| - 3 | Completed | (Specify only highest g | ede completed) | | (Give k | done a | furing most of work () | ing | 16b. Kind of B | usiness/ir | ndustry | | |
| within ene. then " | mc | Elementary/Secondary (0-12) 6 Years | College (1-4or 5+) | | | | | Own | Hom | 0 | | | |
| al Hygier other th | | 17. Father's Name (First, Middle, Les | Housewife 18. Mother's Na | | | | 18. Mother's Nam | e (First, Middle, | | | e | | |
| Mental Mental arked o | To Be | Arthur Hugh | | | | | Van Do | ra Cr | ossett | ŕ | | | |
| E E E | - | 19a. Informant's Name/Relationship | Giles (Type, Print) | | 19b. Mailing | Address (| Street 6 | and Number or Rur | | | State 7 | in Code) | |
| permit. Pages 1 end 2 s Department of Health er Important: If Itam 27 ia any Injury or other trau ang.ce. | | Marjorie J. Kane | | | | | | pe Road | | | 212 | | |
| Hea | | 20a. Method of Disposition | | 20b. Pla | ace of Disposi | ition (Name | of | | | | | | |
| Pages nent of I ant: If Its ury or of | | 1 🗷 Burial 2 □ Cremetion 3 □ Removal from State cemetery, cremetory or other plece) | | | | | | | | | | | |
| permit. Pa Departmen Important: any Injury pnce. | | 21. Signature of Funeral Service Lige | | Oak | Lawn | Cemet | ery | June s of Facility | 2, 1997 | Balti | more | , MD | |
| Departme Importan any Injur | | 1/1/ | 4-11 | | Du | da-Ru | ck I | Funeral H | lome of | Dunda 1 k | , In | c. | |
| | | Hand LANG | ibook 1 | | 79 | 22 Wi | se | Ave. Dur | idalk, M | aryland | 212 | 22 | |
| | | 23a. Part. Enter the disease, or complications that of used the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one cause on ach line. | | | | | | | | | | | |
| hysician /Medicai | | Immediate Cause (Finel | 0 | 10 . 2 | | | | 1 | | | 1 | Onset and Death | |
| Examiner | | disease or condition resulting in death) | a/ | CA | ANC- | 7102 | | | | | | | |
| | <u>_</u> | | | ience of): | | | | 1 | | | | | |
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| be e ician buria | aiE | cause. Enter Underlying Cause (Disease or Injury | c | nov | TENLA | nA | zen | ien. | 7 | | | | |
| certificate be executed ding physician and ise es the burial-transit | //Medical | that Initiated events resulting In death) Lest | | Due to (or | as a conseque | ence of): | | | | | | | |
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| thet the death hed by the atter deteched for | Physicia | Part II. Other significant conditions | contributing to death be | ut not resul | ting In the und | derlying ceu | use give | en In Part I. | 23b. Dld to | obecco use co | | to the ceuse of death | |
| that the ded by determined | 4 | | | | | | | | 1 Yes 2 No 3 | | | obably 4 Unknow | |
| 8 5 8 | d by | | | | | | | | 04-14/ | | 7.4b 14 | fore sutonou findings | |
| v requires been sign should be | Completed | | | | | | | | 24a. Was a perfor | med? | a | Vere autopsy findings vallable prior to ompletion of cause | |
| 8 0 | npi | | | | | | | | | , | | death? | |
| page | Ö | | | | | | | | 1 🗆 Y | es 212 No | 1 | ☐ Yes 2☐ No | |
| ystotan; ing | Be | 25. Was cese referred to medical examiner? | | | | | | 26. Place of Deat | h (Check only or | те) | | | |
| 0 0 | 2 | 1 ☐ Yes 2 D No | Hospital: | ent 2 E | R/Outpatient | | _ | 4 Marsing Ho | me 5 Reside | ence 8 Oth | er (Speci | ify) | |
| | on: | 27. Manner of Death 1 ☑ Natural 5 ☐ Pending | 28a. Date of Inju (Month, De) | | 28b. Time of Injury | 280 | c. Injury Work | at | 28d. Describe h | ow Injury occur | red | | |
| Attanding Physical Attacks of the funeral by the funeral | cati | 2 Accident Investigation | | | | М | | Yes 2 □ No | | | | | |
| Per P | Certification: | 3 Sulcide 6 Could not determined | | ury - At hon c. (Specify) | ne, farm, stre | et, factory, | office | | 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) | | | | |
| Hospital or 24 hours efte Funeral Dir etely filled in | | | | | | | | | | | | | |
| Hospital of 24 hours e Funeral D stely filled | edical | 29a. Certifier 1 Certifying P | hyalclen: To the best of miner: On the basis of | of my know | ledge, death | occurred at | the tim | e, date and place, | and due to the c | ause(s) and ma | anner as | stated. | |
| n 24 n 24 ne Fr | 8 | one) | and manner sta | ated. | on enwormine | Jonyanon, II | iny of | Amon, death occur | ou at the time, t | ara and place, | ond due (| o nie cause(s) | |

Registrar

31. Date filed (Month, Day, Year)
JUN 0 4 1997

29b. Signeture end title of certifier

ROAD, BACTIMORE, MS 21227



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 2. Date of Death 3. Time of Death Month 1030 Am JUNE 1997 4b. City, Town, or Location of Death 4c. County of Death

Physician /Medical Examiner 1. Decedent's Name (First, Middle, Last)

Funeral Director

the Marylend item 27 is marked other than "natural", or itema 23a or 28a-f ahow other traumatic event, the Manical Examiner mais to notified at 72 hours efter permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiens Important: If hem 27 is marked other than any Injury or other traumatic events.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

burief-transit The lew requires that the deeth certificate be executed and physician s the buriel Records, P.O. Box 68760. for use as signed by the aid be detached if certificate ...ter death.

Division of Vital To the Hospital or Attending Physician: Within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director.

Lorother 4a. Facility Name (If not institution, give street and number). Howard Howard_County General Columbia 5. Social Security Number If Under 1 Yaar | If Undar 24 Hrs. 8. Date of Birth (Month, Day, Year) July 13, 1918 Birthplaca (State or Foreign Country)
 Maryland 6. Sax 7. Aga (In yrs. last birthday) 1 M XXXX Months Days Hours 78 Yrs. 212-12-0641 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits N/A Baltimore 1 X Yes 2 No Director Maryland 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 2816 Westfield Avenue 21214 USA 12. Was Decedant Ever in U,S. Armed Forcas? 1 Yas X No If Yes, Give Year or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. 1 Naver Married 2 Marriad 1 ☐ Yes 2 ☑ No Specify: þ Widowed 4 □ Divorced Specify: White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life, DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Businass/Induatry Eiamentary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 18. Mother's Name (First, Middle, Maiden Sumame) 17. Father's Neme (First, Middle, Last) Be John William Griffith Mary Cecelia Campbell 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kathleen Langton Daughter 2816 Westfield Avenue Baltimore, Maryland 21214 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cramatory or other place) Data 20c. Location - City or Town, Stata 1XXBurial 2 Cremation 3 Ramoval from State 4. □ Donation 5 □ Other (Specify) Dulaney Valley 6/6/97 Lutherville, Maryland 22. Nama and Address of Facility gnature of Funeral S Mitchell-Wiedefeld Home 6500 York Road Baltimore, Maryland 21212 unus 23a. Part1. Enter the cases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between Immadiate Cause (Final Concertive 6 months diseasa or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initieted events rasulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? 10 Y88 2 No 3 Probably 4 Unknown 100MONig p 24b. Wera autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? Completed 2- No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical Be 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 12 Inpatient 2 ER/Outpatlent 3 DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Medical Certification: 5 Pending investigation 1 Netural 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide 28e. Placa of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicide

1 Certifying Physfcfan: To the best of my knowledge, death occurred at the time, date and piace, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, deeth occurred at the time, date and piace, and due to the cause(a) and manner stated.

29c. License number

022547

29d. Data signed (Month, Day, Year)

Colombia Mary lan

State Registrar 29a, Certifier (Check only one)

29b. Signature and title of certifi-

31. Date filed (Month, Day, Year)

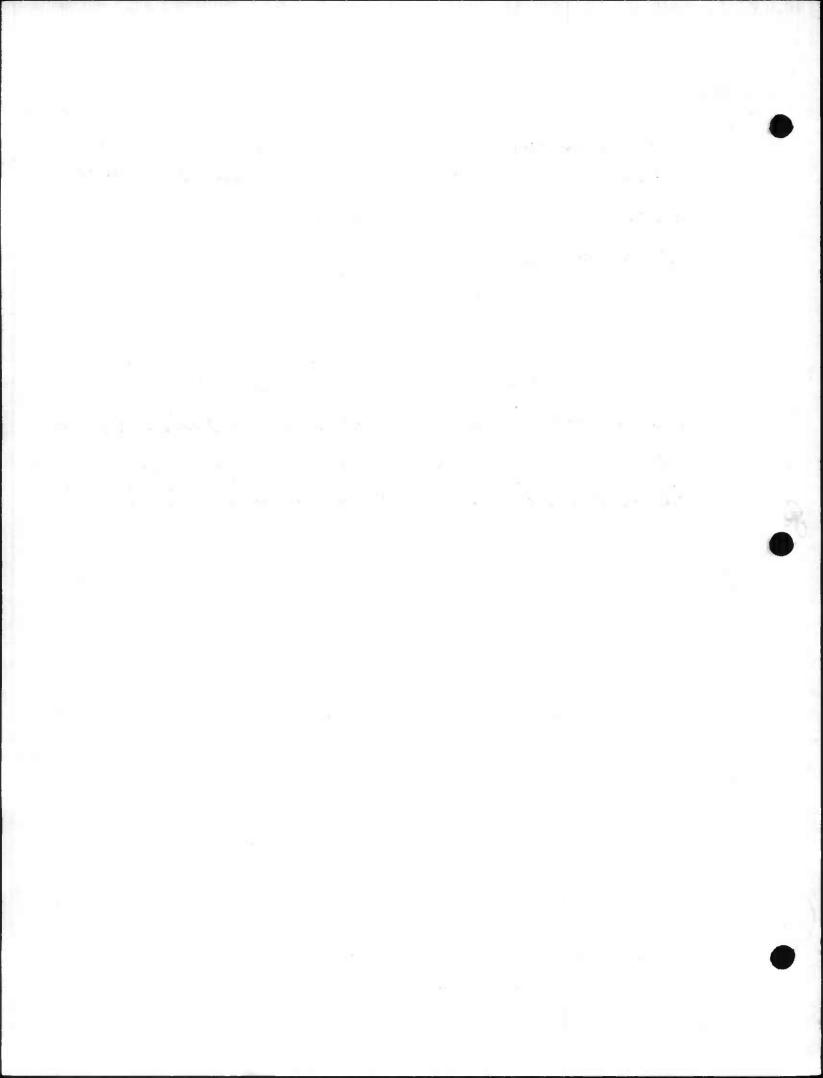
JUN 0 4 1997

Grock

ndeddress of person who completed cause of death (Item 23a) (Type, Print)

Little

32. Registrer's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death Month **Physician** Ethel Logan 3;10 Am Man 1997 /Medical 4b. City, Town, or Location of Death 4a. Facility Neme (If not institution, give street end number) 4c. County of Death **Examiner** Union Memorial Hospital Baltimore City If Under 1 Year Hunder 24 Hrs. 8. Date of Birth Hours Min. (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 Days Months 2/5-12-609 Usual Residence of Decedent 81 Yrs. Director 8,1916 molina 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. inside City Limits 1E Yes 2□No Director BAIH NURE Marylons 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 23a THE ALAMODA 2/2 USA 2828 Funerai Items 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 "natural", or 1 Yes 20 No þ 3 Widowed 4 □ Divorced Black Completed permit. Pages 1 and 2 should be filed within 72 hc Department of Haalih and Mental Hygiena. Important: If Item 27 Is marked other than "natur any Injury or other traumatic avent, I'm Mexical 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry HECK+ Company Elementary/Secondary (0-12) Kitcher Worker College (1-4or 5+) 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Clay Mary Esther Holdison IURNER 19a, informant's Neme/Relationship (Type, Print)/ 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) BOIHNORE, Red 21218 ALAMGOR McKey/Doughte 2128 THE NEHO 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility CHATA AN AMAK 21. Signature of Funeral Service Licensee 5240 REISTENSTONN RUAD BASHINGTE MUDDED TO THE PROPERTY OF THE PROPER Approximate interval Between Onset end Death **Physician** /Medical Immediete Cause (Final disease or condition resulting in death) Examiner Physician/Medical Examiner ronaud Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760. Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2⊠No 3 Probably 4 Unknown Completed by 24a. Was an autopsy performed? 24b. Were autopsy findings evailable prior to completion of cause of death? 1 Yes 2 No 1 ☐ Yes 266 No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Language 1 Page 1 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 27. Manner of Death 28a. Dete of injury (Month, Day Year) 28c. injury et Work? 28d. Describe how Injury occurred 1 DNaturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 8 Could not be determined 3 Suicide 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the ceuse(s) and manner es stated. Medicai (Check only one) 2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

State Registrar 31, Date filed (Month, Day, Year) **JUN 0 4 1997**

SHAMOUN, MO r) 32 Registrar's Signature

Oujon Menorial

PM M.D

30. Neme and address of person who completed ceuse of death (Item 23a) (Type, Print)

All get myse

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

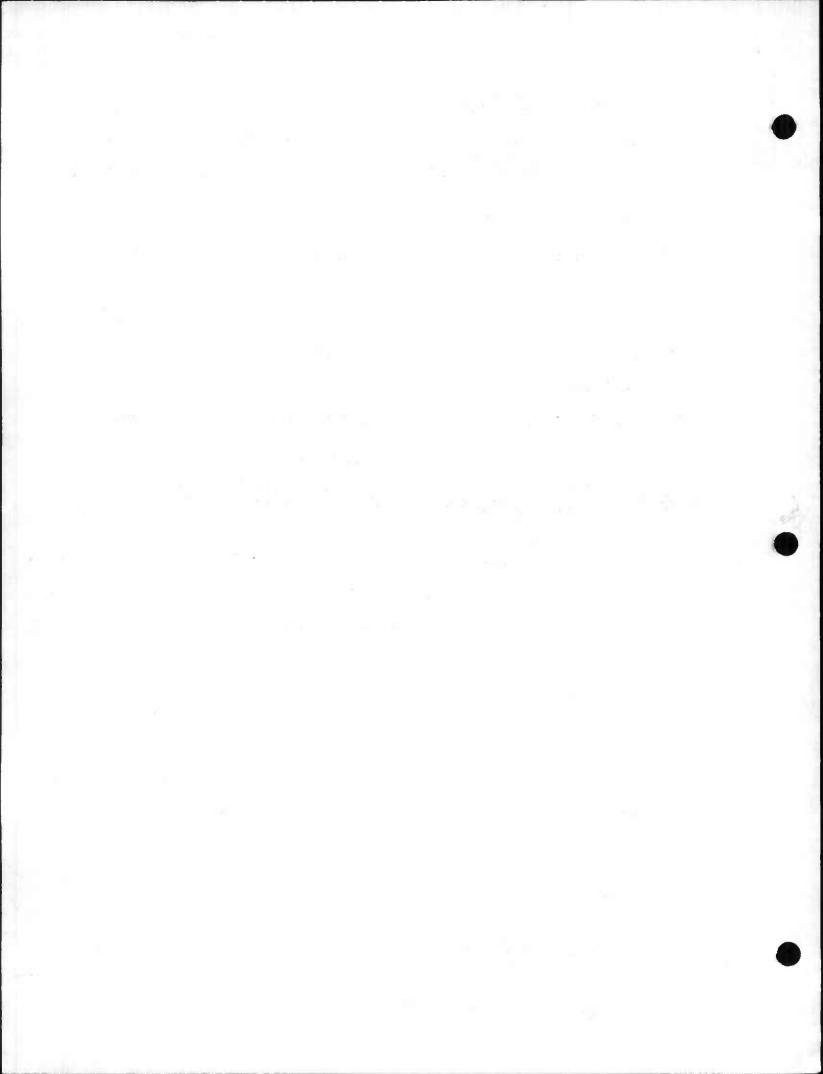
16852

| | | | | | er lineale of | Dealli | | Reg. No. | |
|------------------------|-----|---|---|-----------------------------------|--|---|-----------------------|--------------------|--|
| hysician /Medical | | 1. Decedent's Neme (First, Middle, La | IDA | LEU | sis | At City Taxan | 2. Dete of D Month | Y 31 1 | 3. Time of Deeth |
| Examiner | 4 | 4e. Fecility Neme (If not Institution, giv | | | 1 n | 4b. City, Town, or | | - | of Deeth |
| | 1 | DEATON-UM | HIUBRSI | TY CA HO | If Under 1 Yee | | MORC | | |
| neral ector | 2 | 212-22-4597 | Sex 7. A | ge (In yrs⊢ast birthda 72 Yrs. | Months Deys | | JUNE | 17 1924 | 9. Birthplece (Stete or Foreig MARYLAND |
| | - | Usuel Residence of Decedent 10e. State 10b. County | | 10c. City, Town or | Location | | | | 10d. inside City Limits |
| rector | - 1 | | | | | r.v. | | | 1 Dyes 2 DNo |
| 5 | H | MARYLAND N/A 10e. Street end Number | | BALI | IMORE CIT | ΙΥ | | 10g. Citizen of V | |
| 급 | i ' | 2523 BROOKFIELD | AVENUE | | 10f. Zip Code | 21217 | | U.S.A. | whet Country? |
| 20 | - | | 12. Wes Decedent | Ever in U.S. 11 | | | nooth: Voe or N | | e - American Indian. |
| Funeral Director | | 11. Maritel Status 1 □ Never Merried 2(□(Married | Armed Forces | 2 Win | If Yes, specify Cu | Hispenic Origin? (S ben, Mexican, Puer | to Rican, etc.) | Bled | ck, White, etc. |
| þ | | 3 ☐ Widowed 4 ☐ Divorced | 1 Yes 2 X | A.C. | 1 □ Yes X No | Specify: | | Specify | BLACK |
| | | 15. Decedent's E | ducation | 16e. Dec | cedent's Usuel Occu | upetion | | 16b. Kind of Br | usiness/Industry |
| Be Completed | - | (Specify only highest gra Eiamantary/Secondary (0-12) | coilega (1-4or | (Gi | ve kind of work done . DO NOT use retir | upetion e during most of wo ed) | rking | | |
| E O | | 9th grade | College (1-40) | HOL | SEWIFE | | | PRIV | ATE |
| 9 | 1 | 17. Fether's Neme (First, Middle, Last, | | | | 18. Mother's Ne | me (First, Middle | e, Meiden Surnem | ne) |
| To | | WILLIAM HYMAN | | | | SADIE | TONY | | |
| - | | 19e. informent's Neme/Reietlonship (| Type, Print) | 19b. Me | elling Address (Street | et and Number or Ri | ural Route Num | ber, City or Town, | Stete, Zip Code) |
| | | Linda Lewis/Daug | hter | 2523 | B Brookfi | eld Avenu | e. Balt | imore. M | arvland 21217 |
| | 2 | 20e. Method of Disposition | | | position (Neme of remetory or other pl | lace) | Dete | 20c. Location - | aryland 21217 City or Town, Stete |
| | | 1x Burlel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif |]Removel from Stete v) | | MORIAL PA | | 6-6-97 | RAI TIMO | RE, MARYLAND |
| . | | 21. Signature of Funerei Service Ligar | · | 1721101 112 | | | | | COMMUNITY F/H |
| SUC. | | |) (0. | 10 | | | | ORTH AVE | |
| | + | 23e. Pert1. Enter the disease, or com | plications that cause | d the deeth. Do not e | enter the mode of du | | | | |
| in | | 23e. Pert1. Enter the disease, or comshock, or heert tailure. List only | one cause on each i | ine. | , | | | | Approximata Interval Between Onset and Deeth |
| i | Ь | Immediete Cause (Finai | | Industrial Comme | 4.1 | | a sha | 1-1 | (on mus) |
| r | l i | diseese or condition resulting in death) | a. acule | my Geon | | archm | 201 bes | open, | (GAMAC) |
| ē | | | 11 | Due to (or es a cons | sequance or): | | | | 104-8 |
| Examiner | | Securetially list conditions | b. 7191 | Due to (or as a cons | equence of): | | | | |
| E | | if eny, leeding to immediate cause. Enter Underlying | ~ / | heles mc | | | | | 1048 |
| 8 | | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events | c | Due to (or es e cons | 47 1 - 7 | | | | |
| n/Medicai | ' | resulting in deeth) Lest | Coan | hio reucalay | . , | r- 1 - | | | 54-8 |
| | | | d | no reaction | 90000 | ant | | | |
| leted by Physicia | F | Pert II. Other significant conditions of | ontributing to death h | out not resulting in the | underlying cause o | iven in Pert I | 23b. Dic | I tobacco use co | ntribute to the cause of death |
| hys | | | - | 125 | | | | Yes 2 No | 3 Probably 4 Unknow |
| y P | | Meccalment price | | Lear | mt arim | | | | |
| Completed by | | pad in featin | | | | | 24e. We | s an eutopsy | 24b. Were autopsy findings aveliable prior to |
| ete | - | | | | | | pen | formed? | completion of cause of deeth? |
| ошо | | | | • | | | 10 | Yes 2000 | 1 ☐ Yes 207 No |
| | | 25. Was case referred to medical | | | | 26. Piece of Da | | | 160 242110 |
| o Be | | examinar? | Hospitei: 1 ☐ Inpati | ent 2 ER/Outpat | lent 3 DOA | ther 1 | | idence 6 Oth | or (Specify) |
| 5:1 | | 27. Manner of Deeth | | | | | | how injury occur | |
| Certification: | | 1 □ Neturel 5 □ Pending Investigation | 28a. Dete of Inju (Month, Da | y Year) Injun | | ork? ☐Yes 2☐No | - Co Allescent | | |
| fica | | 3 Suicide 6 Could not b | | jury - At home, farm, | | | 28t. Location | (Street end Numb | per or Rural Route Number, |
| T | 8 | 4 Homicida | building, el | c. (Specify) | | | City or To | own, State) | |
| | | 29e. Certifier 1 Certifying Ph | vaician: To the best | of my knowledge, de | eth occurred at the | time, dete end niece | end due to the | ceuse(s) end me | enner es steted |
| Medical Certification: | | | ninar: On the basis of end menner st | examinetion end/or | Investigetion, in my | opinion, deeth occu | rred et the time | , date and piece, | and dua to the cause(s) |
| × | | 29b. Signature end title of out fler | / | | 29c. Licer | nse number | | 29d. Dete signe | d (Month, Day, Year) |
| | | Por | | | Δ. | 36494 | | 6/2/ | |
| | - | 20. Name and address : | completed server 4 | looth (item 00-) /T | | | , | | |
| | 3 | Deaten mollar | completed cause of (| deeth (item 23e) (Typ | e, Print) Or 7 | Charles Char | L Balh | more in | 0 |
| CARA | 3 | 31. Dete filed (Month, Dey, Year) | DM-er | 666 TON | n charle | م کاراک | | | |
| State gistrar | | JUN 0 4 1997 | C. The Day of the | and home | | | | | |
| giotiai | | JOH O W IAM. | U | | | | | | |

State of Maryland / Department of Health and Mental Hygiene 97

| | | | | | | Ce | rtificat | e of | Death | | | Reg. No. | | |
|------------|--|-----------------|--|--|--|-----------------|--------------------------|----------------------|-----------------------------|-----------|--------------------------------|--------------------------------|--------------|--|
| П | Physic | ian | Decedent's Neme (First, Middle | | T.I.I.I.O. | | | | | | 2. Date of D | | Year | 3. Time of Death |
| | /Medi | | BRUNO | | IKUS | | | | | | MAY | | 1997 | 7:30AM |
| 7 | Exami | ner | 4e. Facility Neme (If not Institution, 1734 BANK STR | | mber) | | | | BALT. | | ocation of Dea RF | th 4c. Coun | ty of Death | |
| H | Funeral | | 5. Social Security Number | 6. Sex | 7. Age (In yrs. | lest birthday) | | 1 Year | If Under | 24 Hrs. | 8. Dete of B | irth | 9. Birth | plece (Stete or Foreign |
| 1 | Director | | 215-01-1503 | 1□XM 2□ F | 8 | 2 Yrs. | Months | Deys | Hours | Min. | 5 (Month) 5 | 5 T 5 | MARY | CAND |
| | pur * | | Usual Residence of Decedent 10a. Stete 10b. County | | 10c Cith | y, Town or Lo | ocation | | | | | | | 10d. Inside City Limits |
| | Maryli 4 sho | 20 | MARYLAND | N/A | | BALTI | | | | | | | | 1 Ves 2 No |
| | n the Maryland r 28a-f show | rec | 10e. Street end Number | 117/11 | | DACII | 10f. Zip | Code | | | | 10g. Citizen o | f Whet Cou | ntry? |
| | th with | a D | 1734 BANK STR | EET | | | 2 | 123 | 1 | | | l | JSA | |
| | Items : | Funeral Directo | 11. Meritel Status | 12. Was Dece Armed Fo | edent Ever in U, | S. 13. | Was Deced | dent of H | lispenic Ori | gin? (Sp | ecify Yes or N Rican, etc.) | lo- 14. Ra | ace - Ameri | |
| 120 | # 8 E | by FL | 1 Never Married 2 Marri 3 Widowed 4 Divorced | ed 1 Tes If Yes, Giv Year or D | 2 No | | 1□ Yes | | Specify: | | , , , | Spec | | ITE |
| 21215-0020 | 72 hours "neturel", | | 15. Decedent | s Educetion | 0105. | 16a. Dece | dent's Usue | el Occup | petion | | | 16b. Kind of | | |
| 215 | - 20 | Completed | (Specify only highes Elementary/Secondary (0-12) | t grede completed) College (1 | 1-4or 5+) | (Give | kind of wor DO NOT us | rk doné se retire | oetion during mosi d) | t of work | ring | | | |
| | filed with Hygiene ther thai | Con | 10 YEARS | | | PHOT | OGRA | PHE | | | | SELF | | OYED |
| and | Mental H arked oth | Be | 17. Fether's Neme (First, Middle, L PETER LEIKUS | .ast) | | | | | | | e (First, Middl STARR | e, Meiden Sume | eme) | |
| Maryland | should be filed within and Mental Hygiene. marked other than matic event, it is M | 2 | 19a. Informent's Name/Relationsh | sin /Tyme Print) | | 10b Mailie | na Addrace | /Strant | | | | ber, City or Tow | n State 7 | n Codel |
| | 2 9 5 5 | | MR. DENNIS LE | | | | | | | | | BALTO. | | |
| ore, | of Health Item 27 | | 20e. Method of Disposition | | | lace of Dispo | sition (Nan | ne of ther ple | ce) | T | Dete | 20c. Location | - City or T | own, Stete |
| im | Pages nent of I ant: If ite ury or o | | 1 Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp | OLY REDEEMER CEM. 6-2 | | | | | | | MD. | | | |
| Baltimore, | permit. Pages Department of Important: If it any Injury or once. | | 27. Signature of Funeral Service L | icensee | | 2 | Name an | d Addre | ss of Facilit | Y IIN | ERAL H | TOME | | |
| _ | 20 = 6 d | | Marles To | an sa | oxesto | 1 | 201 | DUN | DALK | AV | E. BAL | TO. ME | 21 | 222 |
| 9 | | | 23a. Pert1. Enter the disease, or eshock, or heart failure. List of | complication that conly one cense on e | aused the death ech line. | . Do not ent | er the mod | e of dyir | ng, such as | cardiac | or respiretory | errest, | | Approximete Intervel Between Onset end Deeth |
| | Physician /Medicai | | Immediete Cause (Final | 0 - | -0-00- | 4.50 | 4.0 | 1 | 100 | 0 | | | | |
| 1 | Examiner | | disease or condition resulting in death) | a | REBROY | r es a consec | | | tcci | Det | JT | | | 1 MONTH |
| L | p # | ner | | | . 0 - | M40P. | | | | | | | | 4 YEARS |
| | eath certificate be executed attending physician and for use as the burial-transit | Examiner | Sequentially list conditions, | В. | | r as a consec | , / | | Λ | | | | | 1 10100 |
| ,60 | be ex | aiE | Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events | c. Ci | DRONA | RY 1 | HELA | 4 | UISC | :AS | G | | | 10 YEARS |
| 68760, | ficate phys s the | edicai | resulting in death) Last | | Due to (or | as a conseq | uence of): | | | | | | | |
| Box | anding use | 3 | | d | | | | | | | | | | |
| | the death by the atter | Physician | Pert II. Other algnificant condition | s contributing to de | eth but not resu | ulting In the u | nderlying c | a <i>u</i> se giv | en in Pert I | | 23b. Did | d tobacco uae c | ontribute t | o the cause of death? |
| P.0 | that the de ed by the a detached | Phy | | | | | | | | | 10 | Yes 2 No | 3 Pro | bably 4 Unknown |
| ds, | 8 58 | by | | | · | | | | - | - | | | 045.14 | |
| Record | v requir been si should | Completed | | | | | | | | | | s an autopsy formed? | av | /ere eutopsy findings vailable prior to empletion of cause |
| Rec | The law ate has b page 2 s | du | | | | | | | | | | N. | of | deeth? |
| tai | vician: The lav certificate has rector, page 2 | | 25. Wes case referred to medical | | | | | | OS Disease | of Doo | | Yes 2 No | 1 | Yes 2UNO |
| of Vital | Physician: this certific ral director. | o Be | exeminer? | Hospital: | npatient 2 | ER/Outpetier | nt 3 DO | Oth | or: | rsing H | th (Check only | sidence 6 🗆 O | ther (Speci | (fv) |
| | | n: T | 27. Menner of Deeth 1. Netural 5 ☐ Pending | 28e. Dete | | 28b. Time of | | 8c. Injur | | | - | how injury occ | | ,, |
| sio | Attanding or death. sector: After by the fune | cati | 2 Accident investigation inves | ation of he | | | М | | Yes 2 🗆 | No | | | | |
| Division | or Attandi after death. Director: A f in by the f | Certification: | 4 ☐ Homicide determin | ned 286. Place | of Injury · At ho ng, etc. (Specify | me, ferm, str | eet, factory | , office | | | | (Street end Nun own, State) | nber or Rur | al Route Number, |
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| | Vithi To th | Σ | 29b. Signature and title of certifier | all | | | 290 | Licens | e number | | | 29d. Date sign | / | |
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| | Y | | 30. Name and address of person w | no completed daus | e of deeth (Item | 23e) (Type, | Print) | 114= | 1 | 5- | Car | 9020 | | 21701 |
| | | | 31. Dete filed (Month, Day, Year) | 1 A90 d | O O O | V. 1 | LUNC | MID | Ne | 71 | 310 | 1090 |) | 2/201 |
| | Sta Registr | - | JUN 0 4 1997 | Julia | Foisin's Sign | or lower | | | | | | | | |

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** GAYE M LEWIS MAY 28 1997 11:58PM /Medical 4e. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner HOSPICE OF BALTIMORE -GILCHRIST CENTER TOWSON BALTIMORE 5. Social Security Number 219-60-7427 7. Age (In yrs. last birthday) If Under 1 Yeer | If Under 24 Hrs. 6. Sex 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign **Funeral** 1□M 2XX Months Deys Hours Min **Director** 45 FEB.11,1952 MARYLAND Usuel Residence of Decedent with the Maryland 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits show r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at MD N/A BALTIMORE 1 □XYes 2 □ No Director 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 3120 BERKSHIRE RD. 21214 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours after nand of Health and Mental Hygiene. Internet I filem 27 Is marked other than "natural", or flee any or other traumatic event, the Medical Examination or other traumatic event, the Medical Examination or other traumatic event, the Medical Examination or other traumatic event, the Medical Examination Armed Forces? 1 ☐ Yes 2 X No If Yes, Give Year or Dates: 2 Married 1 Never Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) OFFICE ASSISTANT ENOCH PRATT LIBRARY Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be BERNARD FINE **MYRA EPSTEIN** 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) MYRA FINE (MOTHER) 8340 SCOTTS LEVEL RD. BALTIMORE, MD 21208 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other placa) 20c. Location - City or Town, State 1 Buriel 2 Cremation 3 Removal from State permit. Page Department of Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) FORBAND 5/30/97 ROSEDALE, MD 21. Signature of Funeral Service Ligensee Name and Address of Facility
SOL LEVINSON & BROS., INC. much 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer failure. List only one cause on each line. Approximete Interval Between Onset end Deeth **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or as a consequence of): Examiner knun Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting In death) Last Due to (or as a consequence of): Records, P.O. Box 68760, certificate be Physician/Medical the Due to (or as a consequence of) 2 The law requires that the death Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? aigned by 1 Yes 2 No 3 Probably 4 Unknown ģ 2 24b. Were eutopsy findings evailable prior to completion of cause of death? Completed 24a. Was en autopsy performed? page 2 1 ☐ Yes 2 ☐ No contilla 25. Was case referred to medical Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 결 28a. Dete of injury (Month, Day Year) Certification: 27. Manner of Death 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred After Attending 1 Netural 5 Pending 1 ☐ Yes 2 □ No investigation death 2 Accident I or Attend after death Director. 2 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) B 4 D Homicide Medical 29a. Certifier 🔁 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and plece, end due to the ceuse(s) end menner as stated.

Division of Vital E IS To the

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Jime

29b. Signature and title ofcertifier

JUN 0 4 1997

Dr. Caesar Shediac 3333 N. Calvert Street Baltimore, MD 21218 31. Date filed (Month, Dey, Year)

State Registrar 37. Registrar's Signature and the

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and placa, and due to the cause(s) and manner stated.

29c. License number

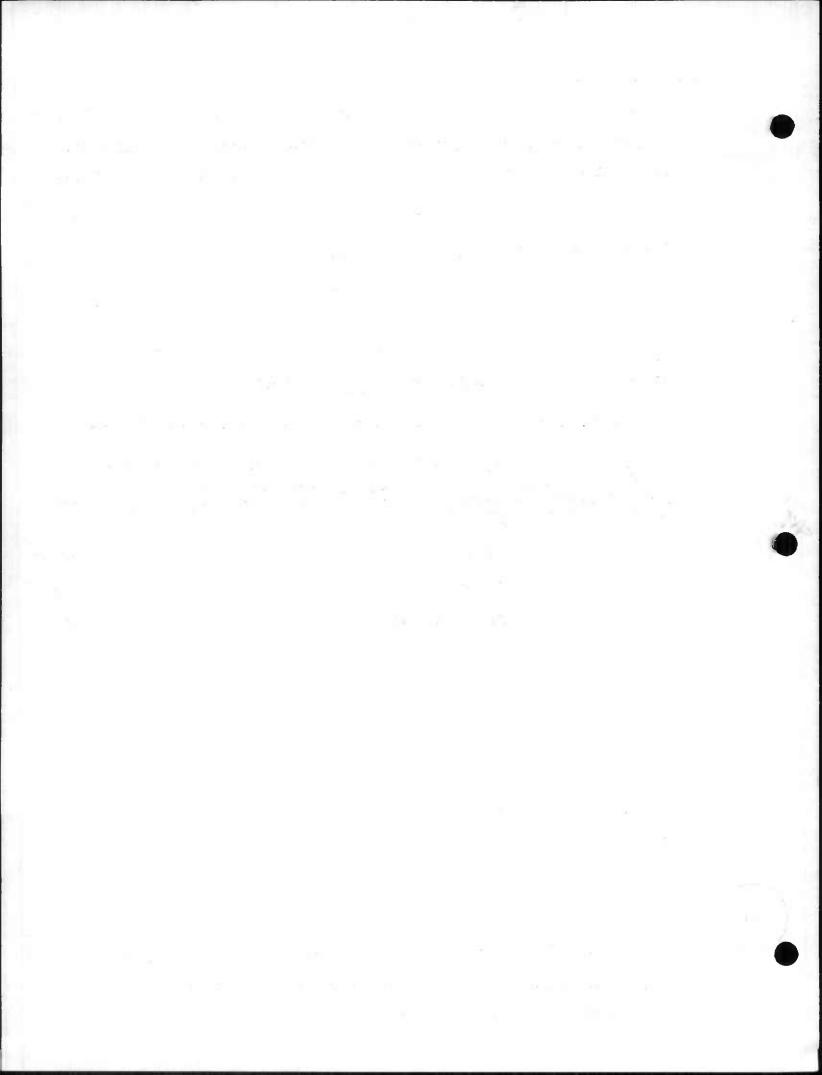
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May 30,1997

State of Maryland / Department of Health and Mental Hygiene

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| Important; If it any injury or once. | | 21. Signature of J | heral Service Lic | consess | 5 | | | | and Address | | OOS T | NIC | | | | |
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Lest) 2. Dete of Death Month Elizabeth CANGSTON 30 4e. Fecliity Neme (If not institution, give street and hamber, 4b. City, Town, or Location of Death 4c. County of Deeth Baltimore City N/A Johns Hopkins Bayview Medical Center 8. Dete of Birth (Month, Dey, Year) noc. 19,1926 If Undar 24 Hrs. If Under 1 Yaar 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthpiece (State or Foreign
Country) Months Deys 1□M 2ØF Hours 70 220-18-6030 Maryland Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Dundalk 1 ☐ Yes 2 No Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3505 Sollers Point Road 21222 United States Was Decedent Evar in U.S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No if Yes, Give Yaar or Dates: 1 Yes 2 No Specify: Specify: White 3℃Widowed 4 Divorced 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Sacondary (0-12) College (1-4or 5+) Own Home 9 Years Housewife 17. Fethar's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Gertrude D. Weber Joseph Navratil 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Sharon L. Murphy/Daughter 3400 N. Trail Way Baltimore, Maryland 21234 20b. Piece of Disposition (Neme of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 ☑ Buriei 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Meadowridge Mem. Pk. Cem. 6/2/97 Doresy. Maryland 21. Signeture of Puneral Service Licensea 22. Name and Address of Fecility Duda-Ruck Funeral Home of Dundalk, Inc. complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, appropriately one cause on each line. 23e. Part1. Enter the shock, or heart (and Approximete Intervel Between Onset end Death hepatic farluce Due to (or as a consequence of): repatic encephalo pathy Due to (or as a consequence of): Immediete Ceuse (Finel diseese or condition resulting in death) Sequentieily list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest Liver Cancer Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? COTOWARY AFTERY disEASE 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings aveileble prior to completion of ceuse of deeth? chrowic renal insufficiency 24e. Was en eutopsy performed? 2 No 1 Yes 1 ☐ Yes 2 ☐ No 26. Piece of Deeth (Check only one) 1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Neturei 1 Yes 2 No 2 Accident 3 Suicide

Examiner sician end buriel-trensit physician s the buriel Hvision of Vital Records, P.O. Box 68760

Physician

/Medical

Examiner

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permit. Pages 1 and 2 should be filed within 72 hours efter death with the Manylan Depertment of Heelih and Mentel Hyglene.
Important: if then 27 is marked other than "natural; or items 23a or 28a-f show any injury or other traumatic event, its Medical Examiner man be notified as my injury or other traumatic event, its Medical Examiner man be notified as

Baltimore, Maryland 21215-0020

Be

within 24 hour To the Funer å

(Check only one)

Registrar

25. Was case referred to medical exeminer? 27. Menner of Deeth 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier

Certifying Phyelclen: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medical Exeminer: On the basis of exeminetion end/or investigetion, in my opinion, death occurred et the time, date end piace, and due to the ceuse(s) end manner steted.

29b. Signature end title of certifiar Medical Doctor

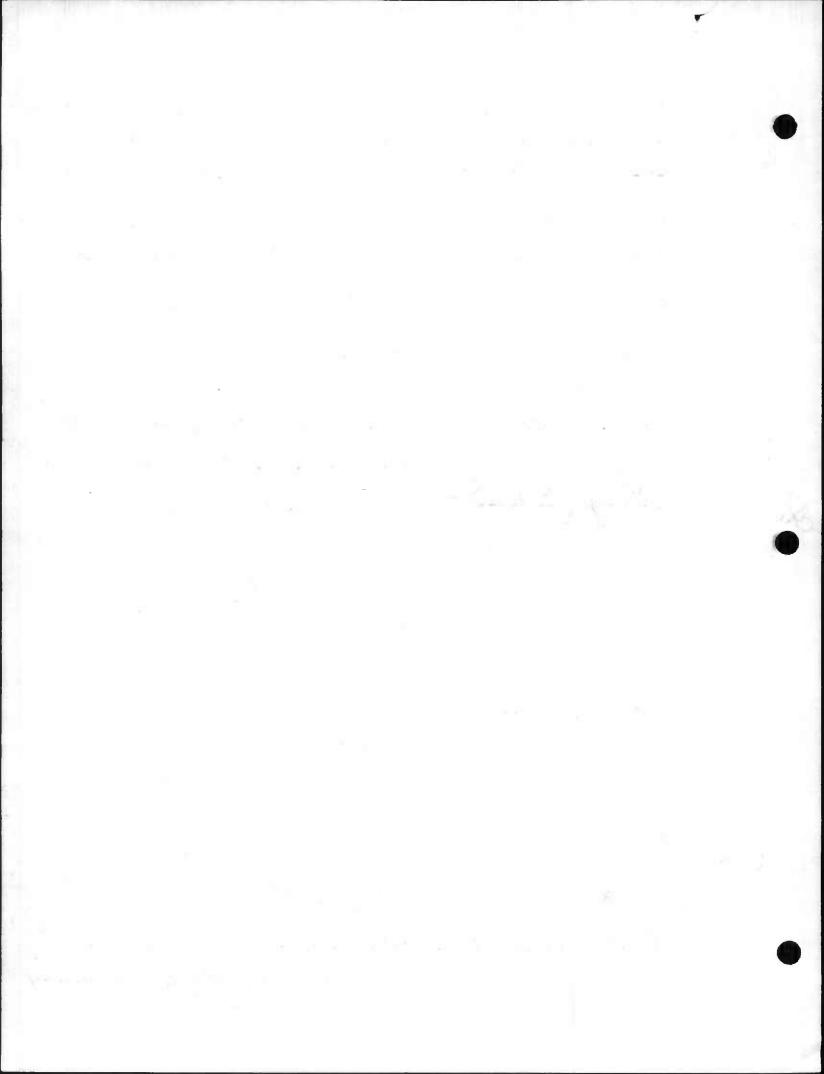
29d. Date signed (Month, Dey, Yeer)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

FALNA V. CAPLAN, W.D. 4940 FASHEN AVENUE THRMC

31. Deterfiled (Month, Dev. Year)

J. 39. Revisitor's Signal Control of the Contro



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month 4 Baby Boy McC1 4e. Fecility Neme (if not institution, give street and number) McCrae-4:09am 4b. City. Town, or Location of Death 4c. County of Deeth Medical Conter Mercu Baltimore 6. Sex 1 M 2 □ F 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) \$ Yrs. Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 TYes 2 No Kose 10e. Street end Number 10g. Citizen of Whet Country? 15A 227 21224 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Meritel Stetus 1 Never Merried 2 Married 1 Yes 2 10 No If Yes, Give Year or Detes: 1 Yes 2 No Specify: Black Specify: 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) n/a 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) unknown McCrae Delores 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Neme/Reletionship (Type, Print) Mc Crae St Baltimore MD 21224 Delores Kose 20b. Pleca of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 Cremetion 3 Removel from Stete 4 Donetion 5 □ Other (Specify) 21. Signature of Faheral Service Licensee 22. Neme end Address of Fecility Wade Director State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 Ronald Alle Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, nock, or heart failure. List only one cause on each line. Approximete Intarval Batween Onset end Deeth Immediata Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Last Due to (or es e consequence of): Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? 1 □ Yes 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings evallable prior to 24a. Was en eutopsy performed? completion of cause of death? 1 Yes 1 ☐ Yes 2 ☐ No 26. Plece of Death (Check only one)

Physician /Medical Examiner

Examiner

Physician/Medical

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Completed

Be

Certification:

Medical

29b. Signeture end title of certifie

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Hauth and Mental Hygiene. Important: If the 23 or 284 show any injury or other traumatic event, the Medical Examiner must be notified.

Baltimore, Maryland 21215-0020

buriel-transit Pug 980 ò

signed by the e certificate

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica funeral To the Hospital o within 24 hours af To the Funeral D completely filled i

Division of Vital Records, P.O.

State Registrar Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 25. Wes case referred to medical examiner' Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 1 Inpatient 2 ER/Outpatient 3 □ DOA 28e. Dete of Injury (Month, Dey Year) 27. Manger of 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of 1 Neturel 2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homlcide 29e. Certifler (Check only one)

Certifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the cause(s) end menner es stated.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner steted.

29c. License number Resident

PO 9663

29d. Dete signed (Menth, Day, Year)

31. Dete filed (Month, Day, Year)
JUN 0 4 1997

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month Stephen Moff June 1997 1:30 am. /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City Town, or Location of Deeth 4c. County of Death Examiner Cherrywood Manor Nursing Home Reisterstown Baltimore 5. Sociel Security Number If Under 1 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country)
Pennsylvania 87 208-14-8226 Yrs. Usual Residence of Decedent 10a. State 10h County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Director Baltimore Maryland Reisterstown 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 411 Deacon Brook Circle 21136 U.S.A. Funeral 12. Wes Dacedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No if Yes, Give Year or Dates: 14. Race - American Indian, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puerto Rican, etc.) 11. Maritel Status 1 Nevar Married 2 Married 1 Yes 2 No Specify: à Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Usher Movie Theatre 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Augustine Moff Elizabeth Rich 19e. informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Alexandra E. Daley 411 Deacon Brook Circle, Reisterstown, Md. 21136 20b. Plece of Disposition (Name of cemetery, crematory or other placa) Dete 20c. Location - City or Town, Steta 4 ☐ Donetion 5 ☐ Other (Specify) Greenwood Mem. Cem. June 5, 1997 Lower Burrell, PA. 21. Signeture of Funeral Service Licensee 22. Name end Addrass of Facility Eckhardt Funeral Chapel 11605 Reisterstown Rd. Owings Mills, Md. 21117 Pert1. Enter tha disease, or complications thet caused the deeth. Do not enter the mode of dying, such es cardiec or raspiratory errest, shock, or heart feilure. List only one ceuse on each line. Vascular accident immediate Cause (Final disease or condition resulting in death) Due to (or es e consequence of) Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medical Due to (or es e consequenca of) Pert II. Other significent conditione contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 10 No 3 Probably 4 Unknown phedmonia à 24b. Were eutopsy findings aveilable prior to complation of cause of deeth? Completed 24e. Wes en eutopsy 2000 1 ☐ Yes 1 Yes 2NNo 25. Wes case referred to readical exeminer? Be 26. Piece of Peath (Check only one) Hospitel: 1 inpatient 2 ER/Outpetient 3 DOA Certification: To

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28e. Dete of injury (Month, Day Year)

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28c. injury et Work? 1 ☐ Yes 2 ☐ No 28d. Describe how injury occurred

28e. Pleca of Injury - At homa, farm, street, fectory, offica building, etc. (Specify)

29a. Certifier

1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, dete end piece, and due to the ceuse(s) end menner es stated. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) end manner stated.

se of death (Item 23e) (Type, Print)

Old Cowt R

State Registrar

Medical

Funeral

Director

the Maryla

Baltimore, Maryland 21215-0020

r than "natural", or liams 23a or 28a-f show the Medical Examiner must be notified at

"natural", or

Hygiene.

Department of Health and Mental Hygis important: If Item 27 is marked other any Injury or other two

Physician

/Medical

Examiner

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Affer

for Attend after death Director;

hours

To the Fu

Attending Physician: The law requires that the death certificete be executed

P.O. Box 68760,

Division of Vital Records,

31. Dete filed (Month, Day, Year, 32. Registrar's Signeture. JUN 0 4 1997



Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

29d. Data signed (Month, Day, Year)

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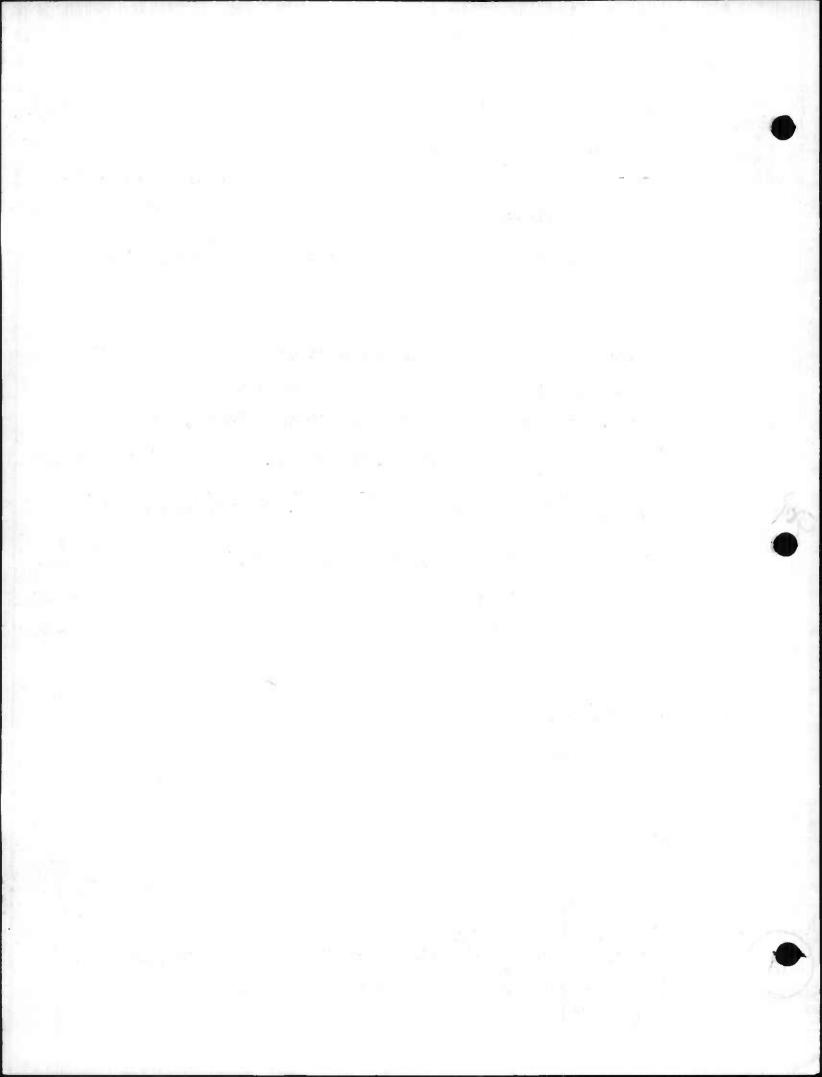
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** /Medical 4b. City, Town, or Location of Deeth 4a. Facility Name (If not institution, give street 4c. County of Death **Examiner** Battmare Hrs. 18 Hookins Johns Hor 5. Social Security Number 7. Age (In yrs. last birthday) N/A Bay If Under 1 Year Days 9. Birthpiece (Stete or Foreign Country) Maryland 8. Dete of Birth (Month, Dey, Year) **Funeral** 10M 200F Min. Director 212-05-2572 permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natures", or items 23a or 28a-f show any injury or other treumatic event, the Medical Examiner must be an effect. 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Dundalk 1 Yes 2 No Maryland Baltimore Director 10e. Street and Number 10f. Zip Code 10g. Citizan of Whet Country? 220 German Hill Road 21222 United States 12. Wes Decedent Ever in U,S. Armed Forces?
1 Yes 2 No 11. Marital Status Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) Reca - American Indien, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 If Yes, Give Yeer or Dates: 1 Yes 2 No Specify: þ Specify: 3 Widowad 4 Divorced White Completed 15. Dacedent's Education 16a. Decadant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Bustness/Industry (Specify only highest grede completed) Elamentery/Secondary (0-12) Cotiege (1-4or 5+) Housekeeping 8 Years Housekeeper 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Anna Kutz Ignasius Sniadach 19a. Informent's Name/Relationship (Type, Print) 19b. Maiting Addrass (Straat and Number or Rural Route Number, City or Town, State, Zip Code) 224 German Hill Road Dundalk, Maryland 21222 Eugene J. Macek/Son 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removat from State Sacred Ht. Of Jesus Cem. 6/5/1997 Dundalk, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 23a. Part Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Appro Zouse Approximate Intervet Between Onset and Death Physician /Medical Immediate Causa (Final bua to (or as a consequence of): diseese or condition resulting in death) Examiner Examiner physician and s the bunal-transit be executed Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Causa (Disaasa or injury that initiated events resulting in death) Lest Records, P.O. Box 68760, newhon (a lan/Medical Due to (or es e consequence of): 98 ettending signed by the el Part II. Other algnificant conditions contributing to death but not rasulting in the undarlying ceusa given in Pert I. 23b. Did tobecco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings eveilable prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Was case referred to madical 26. Piace of Daeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yes 2 No Jnpatient 2□ ER/Outpetient 3□ DOA 2 this funeral 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred the Hospital or Attending I hin 24 hours efter death. the Funeral Director: After Naturet 5 Pending Invastigation 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, State) Ptece of Injury - At home, farm, streat, factory, offica building, etc. (Specify) 4 Homicide within 24 hours 29a. Certifier Certifying Physicien: To the bast of my knowladga, daath occurred at tha time, date end place, end due to the causa(s) and mannar as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner stated. Medical 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dev. Yeer)

asten Are Baltmore MD 21224

State Registrar 31. Dete filed (Month, Dey,



State of Maryland / Department of Health and Mental Hygiene

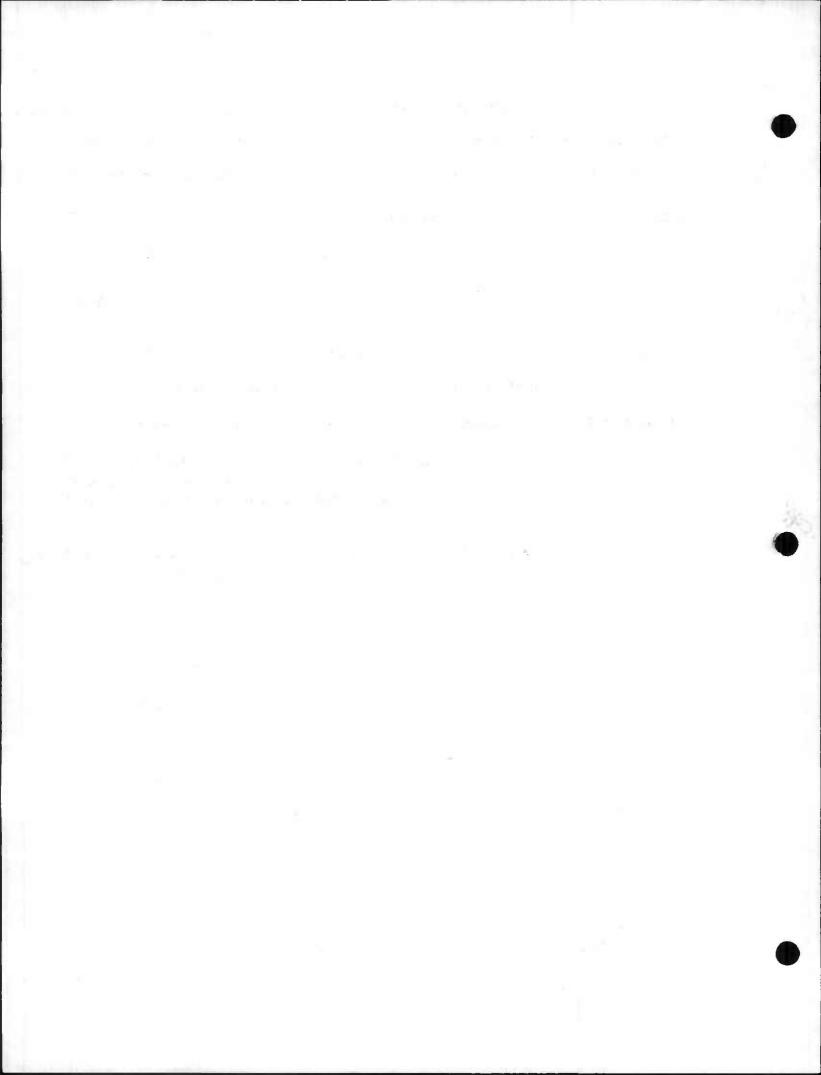
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| | | | | Cel | uncau | 9 01 1 | Death | | | Reg. No. | | |
|------------------------|--|---|--|--|--|-------------------------|----------------------------|-----------------------|---------------------------------------|---|--------------------------|--|
| ysician Medical | Decedent's Name (First, Min | E | lwood F. | Mille | r | | | | 2. Dete of De Month May | 30 1 | Yeer 997 | 3. Time of Death 12:45 A.N |
| aminer | 4e. Fecility Neme (If not institu 223 Bar H | tion, give street end t Iarbor Roa | | | | 4 | | wm, or Lo aden | ocation of Deel | | of Deeth Arur | ndel |
| ral or | 5. Social Security Number 220 22 7626 | 6. Sex 1 1 M 2 □ F | 7. Age (In yrs. 68 | lest birthday) Yrs. | If Under Months | 1 Year Deys | If Under Hours | 24 Hrs. Min. | 8. Date of Bi (Month, Do June 1 | th ey, Year) , 1928 | | olece (Stete or Foreign otry) ryland |
| tor | Usual Residence of Decedent 10a. Stete 10b. Cour Maryland Anne | a Arundel | | y, Town or Lo | | | | | | | 1 | 10d. Inside City Limifs 1 ☐ Yes 2 ☑ No |
| al Director | 10e. Street end Number | | | | 10f. Zip | Code | | | | 10g. Citizen of | Whet Cour | ntry? |
| 0 | 223 Bar Harb | or Road | | | | 2112 | 2 | | | U.S | 5. | |
| by Funeral | 11. Marital Status 1 Never Merried 2 Marital Status | 12. Was Do | ecedent Ever In U, Forces? s 212 No Give r Detes: | 1 | Vas Deced | ent of H ify Cube | lispenic Or en, Mexica | n, Puerto | ecify Yes or No Rican, etc.) | 14. Rece - American Indien, Bleck, White, etc. Specify: White | | |
| Completed | 15. Deced | ent's Education hest grede complete | dl | 16e. Deced (Give life. | lent's Usue | Occup | etion | t of work | ina | 16b. Klnd of B | usiness/în | dustry |
| ple | Elementary/Secondery (0-12 | | (1-4or 5+) | | | | | I OI WOIK | ang | | 70 | |
| 5 | 12th | | | Aut | o Rep | air | man | | | Automo | tive | |
| To Be | 17. Fether's Neme (First, Midd | Frank M | Miller | , | | | |] | Elizabe | th Schi | neide | |
| | 19a. Informent's Name/Reletic | | | | - | . 1111111 | | | | er, City or Town | | |
| | Bernardine M | iller / | wife | 223 I | Bar Ha | | r Roa | aa | | ena, Mar | | |
| | 20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetic 4 ☐ Donetion 5 ☐ Other | (Specify) | m State C | emetery, crer lar Hi | L1 Cer | nete | ry | | Date 5/31/97 | 20c. Location Baltimo | | Maryland |
| SUCE | 21. Signature of Funeral Servi | oe Licensee M Zuan | mirou | 1 | Name and | | | | | Funeral timore, | | |
| clan/Medical Examiner | shock, or heart feilure. L Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in deeth) Lest | o. Net | astatic Due to (o Trick Due to (o Due to (o Myster Due to (o Myster Myst | Paua de l'es l'consec fibri des e consec les a consec ressa | nutro uence of): uence of): uence of): | cel in | lllur | une (| gene | er | | Infervel Between Onset end Deeth |
| Physicia | Pert II. Other significant cond | itions contributing to | death but not res | ulting In the u | nderlying co | use giv | en in Pert | I. | | | | o the cause of deeth? |
| | | | | | | | | | 1)2 | Yes 2 No | 3 Pro | bably 4 Unknown |
| Completed by | | | | | | | | | 24e. Wes | s en eutopsy omed? | ev | ere eutopsy findings eileble prior to empletion of cause death? |
| Eo | | | | | | | | | 10 | Yes 2 0 | 1[| ☐Yes 2☐No |
| Be | 25. Wes case referred to medi | cal | | | | | 26. Pleci | e of Deet | th (Check only | one) | | |
| To | exeminer? 1 Yes 2 No | Hospitel: | ☐ Inpafient 2☐ | ER/Outpetier | t 3 DO | A Oth | er: 4 🗆 Ni | ursing Ho | me 5 Res | Idence 6 Ott | ner (Specif | (y) |
| Certification: | E CONSON | ding (Mo stigetion | te of Injury onth, Dey Year) | 28b. Time of Injury | M 2 | Bc. Injur Wor 1 🗆 | y et k? Yes 2 □ | No | 28d. Describe | how Injury occur | rred | |
| Certifi | 4 ☐ Homicide dete | mined 286. Pla | ce of Injury - At he Iding, etc. (Specif | y) | • | | | | City or To | wn, Stete) | | el Route Number, |
| Medical Certification: | 29a. Certifier t Certification (Check only one) | ying Phyeiclen: To t al Examiner: On the end ma | he best of my kno- basis of examine anner stated. | wledge, death ti <i>on</i> end/or in | occurred e restigation, | t the tin | ne, dete er pinion, des | d plece, eth occur | end due to the red et the time | ceuse(s) end m dete end plece, | enner es s and due te | iteted. o the cause(s) |
| W | 29b. Signeture end fitte of certifies 29d. Date signed (Month | | | | | | | | | | | |
| Q State | 30. Name end address of persons Gayatri 31. Dete filed (Month, Dey, Yei | Nimma | | | | co | air | Nw | y. De | en Bu | nie, | 2,1997 md.21061 |

State of Maryland / Department of Health and Mental Hygiene

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| | | | | | Ce | rtificate of | Death | | Reg. No. | 1 | 19891 |
|--|------------|---|--|------------------------------|-------------------------------|--|--|---------------------------------------|--------------------------------------|--------------------------|---|
| Physician | , | Decedent's Name (First, Middla, I | | | | | | 2. Date of D | eeth Day | Year | 3. Time of Deeth |
| /Medica | | | Lilli | | Meis | ter | | June | 2 1 | 997 | 7:15 A.N |
| Examine | r | 4a. Facility Neme (If not institution, g | | | | | 4b. City, Town, or | | th 4c. County | of Death | |
| | | Genesis Eldero | | | | | Severna | | | Aru | |
| Funeral Director | | 5. Sociel Security Number 217 38 2918 Usual Residence of Decedent | Sex 7. Ag | 92 | ast birthdey, Yrs. | If Under 1 Yea Months Days | | (Month, D | 3, 1904 | 9. Birthr Cour Mar | plece (Stete or Foreign ntry) yland |
| S and | 1 | 10a. State 10b. County | | 10c. City | , Town or L | ocation | | | | 1 | IOd. Inside City Limits |
| heath with the Maryland at 23s of 28s-f show must be notified at | ō l | Maryland N/A | | Ba: | ltimor | re | | | | | 1⊠Yes 2□No |
| or 28a-f | Director | 10e. Street and Number | | | | 10f. Zip Code | | | 10g. Citizen of \ | Whet Cour | ntry? |
| ag o ag | | 3560 Horton Ave | nue | | | 212 | 25 | | U.S | | , |
| nine in | runeral | 11. Marital Status 1 Nevar Married 2 Married | 12. Was Decadent Armed Forces? 1 Yes 2 1 | | | Was Dacadent of If Yas, specify Cult | Hispanic Origin? (S ban, Mexican, Puan | pecify Yas or N to Rican, etc.) | o- 14. Rac Blac | e - Amark k, White, | can Indian, etc. |
| 18/19 |) D | 3℃ Widowed 4 □ Divorced | If Yes, Give Year or Dates: | | | 1 LIYes ZALING | э эрөсіту: | | Specify | · Wh | nite |
| ed Mon 7250 ygene, natural t, the Medical | erec | 15. Decadent's (Specify only highest of | Education rede completed) | | 16a. Dece | dent's Usual Occu | pation during most of wo | rkina | 16b. Kind of Bi | ısiness/în | dustry |
| 1 | d l | Elementery/Secondary (0-12) | College (1-4or 5 | 5+) | | | ed) | g | | | |
| De the contract of | 5 | 7th | | | Hon | ne Maker | | | Own 1 | | |
| S de de de | 20 | 17. Father'a Name (First, Middle, Las | , | | | | | | , Meiden Sumen | 10) | |
| and Menta and Menta is marked summific ex | 2 | | Robert Lots | sey | | | · · · · · · · · · · · · · · · · · · · | t Avail | • | | |
| | | 19a. Informant's Name/Relationship | | | | | t end Number or Ru | | | | |
| to 1 and 2 should If Health and Men If Health and Men Other traumatic | - | Aydelotte Abey | / daughte | | | Oak Aven | | | 1 | | and 21061 |
| 80=8 | | 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Other (Special Control of | | | | osition (Name of matory or other pla 11 Cemete | | Date 6/4/97 | Baltimo | | Maryland |
| permit. Pa Departmen Important: any injury once. | | 21. Signatura of Funeral Servica Lic | E. Da | vis | | 2. Name and Addr | ess of Facility | | Funeral | | |
| /Medical Examiner in and initialization of the second of t | | Immediate Ceuse (Final disease or condition resulting in death) | a. ARTE | | | | c ca | ADION DISB | ase. | AL | 5 YEARLY |
| ing physicia e es the bur | Medical | Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last | c | | as a consec as a consec | | | | | | |
| by the ettendi | lai | | d. | | | | | | | | |
| shed Shed | | Pert II. Other significant conditions | contributing to death be | ut not resu | Iting In the u | nderlying cause g | iven in Part I. | 23b. Did | tobacco use co | ntribute to | the cause of death |
| igned by the be deteched by Physic | | • | | | | | | 1 | Yee 2 No | 3 Pro | bably 4 ☐ Unknow |
| been s should | | | | - | | | | 24a. Was | s en eutopsy ormad? | CO | ere autopsy findings ailable prior to mpletion of causa deeth? |
| The law ate hes page 2 | 5 | | | | | | | 10 | Yes 20 No | 10 | □Yas 2□ No |
| delan: The certificate rector, par | | 25. Was case referred to medical examiner? | | | | | 26. Plece of Dea | ath (Check only | one) | | |
| Z O D | | 1 Yes 2 No | Hospitel: 1 Inpatie | nt 2 E | ER/Outpatier | nt 3 DOA | her: 4 Nursing H | lome 5 Res | idenca 8 🗆 Oth | er (Specif | y) |
| Afte Afte | and a | 27. Manner of Death 1 Naturel 5 Pending 2 Accident Investigati | 473 | y Year) | 28b. Time o Injury | Wo | ry at ork?] Yes 2 □ No | 28d. Describe | how Injury occur | ed | |
| tal or Attents after deal | | 3 Suicide 6 Could not determine | | ury - At hor c. (Specify) | me, farm, st | reet, factory, offica | | | (Street end Numb own, Stete) | er or Rure | el Route Number, |
| Hospi 4 hou Funer tely fill | To a local | 29a. Certifier 1 Certifying F (Check only one) 2 Medical Exe | Physician: To the best of eminer: On the basis of and manner sta | examinati | rledge, deati on end/or in | n occurred at the t vestigation, in my | ime, date end placa opinion, death occu | , end dua to the rred at the time, | ceuse(s) and ma , date and placa, | nner es s and due to | teted. o the cause(s) |
| within 2 To the comple | | 29b. Signatura and tille of certifier | | | | 29c. Lican | sa number | | 29d. Data signe | d (Month, | Dey, Yeer) |
| | | > Salu | due My | | | | 21776 | |)UN€ | 2 | 199) |
| 5 | | 30. Name and address of person who | NDRAM | ip | 203 | Print) PA | TAPSC | o Avi | E BAN | Time | CR 2122 |
| State Registrar | | 31. Date filed (Month, Day, Year) JUN 0 4 1997 | 3. Registr | m's, Signati | -Manda | R | | | | | |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death MonthUNE **Physician** 1497 FANNIE NEWMAN 09:30 AM /Medical 4a. Facility Nama (If not institution, giva street and number)
Saint Joseph Medical 4b. City, Town, or Location of Death 4c. County of Death Baltimore Examiner Center Towson If Under 1 Year If Under 24 Hrs. 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthpiaca (State or Foreign Country) **Funeral** Months Days Hours 1□ M 20 F 207-32-7178 86 Yrs Director MAY 13, 1911 MARYLAND Usual Rasidance of Decedant with the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or itams 23a or 28a-f shot traumatic svent, the Modical Examinat must be notified at Yes 2 No Director MD N/A BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21215 U.S.A. 6711 PARK HEIGHTS AVE. deeth Funeral 12. Was Decedant Evar in U,S Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Biack, Whita, atc. filed within 72 hours after 1 Yas 2 No If Yes, Give Yaar or Datas: 1 ☐ Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas MNo Specify: WHITE Specify: ð ₩Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life, DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry permit. Peges 1 and 2 should be filed within 72 Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "na any injury or other traumatic svent, the Modit page. (Specify only highast grade completed) Elementery/Secondery (0-12) College (1-4or 5+) **TEACHER** EDUCATION 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) SOLOMON SENKER BEULAH **HERMAN** 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) ALAN NEWMAN / SON 126 TURTLE COVE LANE HUNTINGTON, NY 11743 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) BALTIMORE HEBREW 6/3/97 BALTIMORE, MD 21. Signatura di Juneral Service Licensee 22. Nama and Addrass of Facility SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 ons that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, edse on each line. or complicati Approximata intarval Batween Onsat and Death **Physician** ACUTE MYOCARDIAL INFARCTION 7 DAYS /Medical Immediata Cause (Final disaasa or condition rasulting In daath) **Examiner** Dua to (or as a consaquenca of) Examiner ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE YEARS burial-transit Sequantially list conditions, if any, laading to Immadiata cause. Enter Underlying Causa (Disaese or Injury that initiated avants rasulting in daath) Last pue Dua to (or as a consequence of): physician the burial P.O. Box 68760 Physician/Medical Dua to (or as a consequence of) ettending 0 ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 4 Unknown signed by 1 Yes 2 No 3 Probably Records, þ cate has been signated by page 2 should b 24b. Ware autopsy findings available prior to Completed 24a. Was an autopsy complation of causa of deeth? centificate has 1 Yes of Vital Be 25. Was case rafarrad to medical 26. Placa of Daath (Check only one) axaminar? Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 20 27. Mannar of Death 28c. Injury at Work? 28d. Dascribe how Injury occurred 28b. Tima of Certification: Division 5 Panding 1 Natural 1 ☐ Yas 2 ☐ No 2 Accidant invastigation 6 Could not be detarmined 3 Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 Homicide Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) end menner as steted.

2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29a. Certifia: Medical 724 h To the Hos within 24 To the First completely (Check only one) 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) D19508 mill. ahmidad 30. Nama and address of person who completed cause of death (Item 23e) (Type, Print) DELEON, M. D.

State Registrar

NATIVIDAD D.

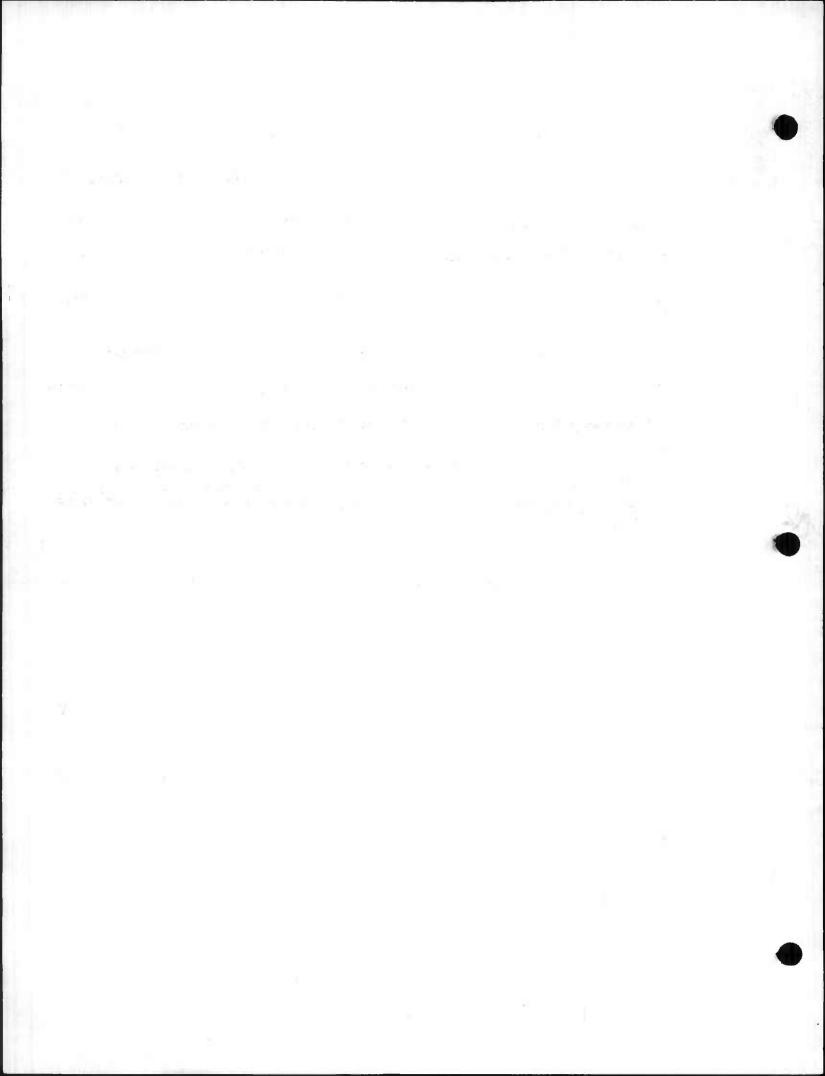
31. Data filed (Month, Day, Year)

JUN 0 4 1997

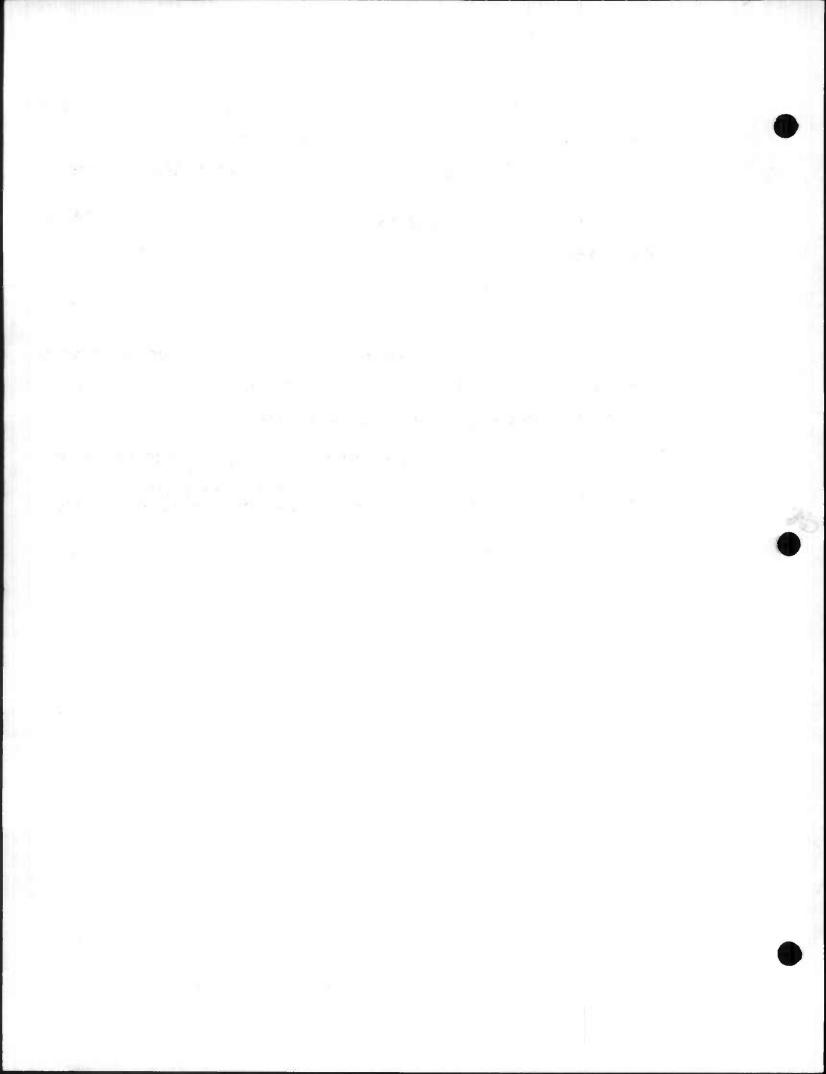
32. Registrar's Signature a Javidson

7620 YORK ROAD

TOWSON, MARYLAND 21204



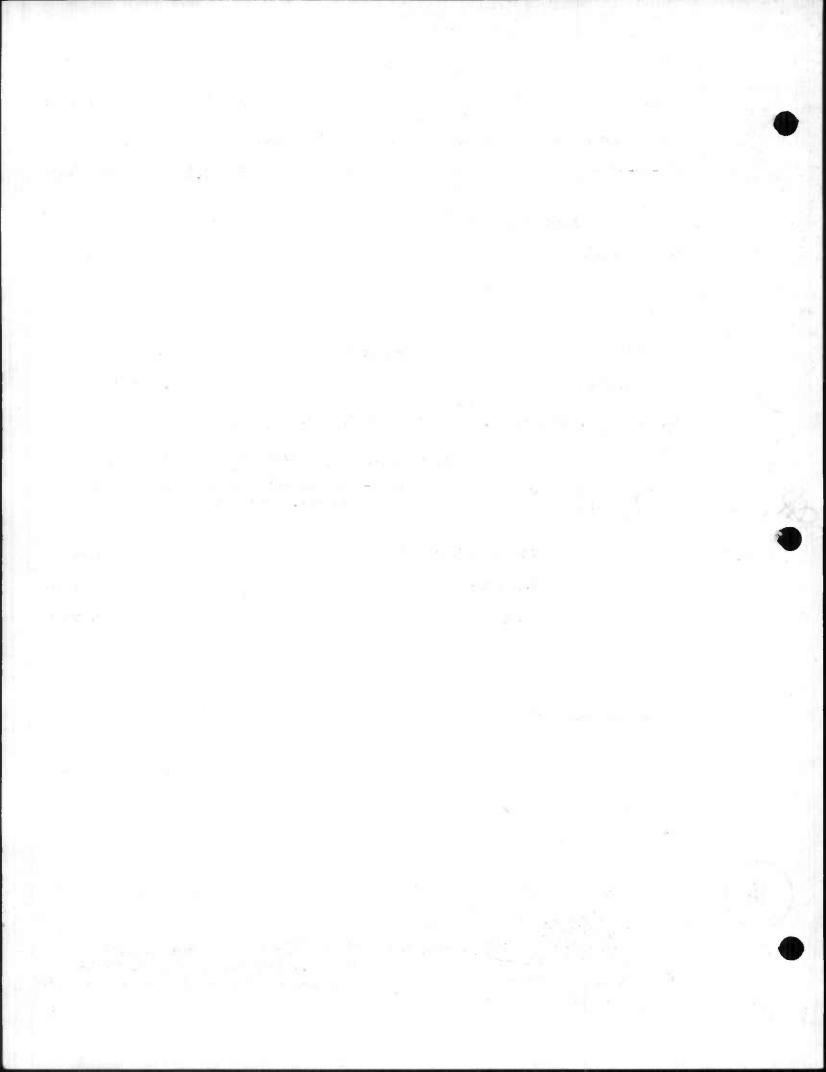
| 46. City, Town, or Location of Death N/A Feelily Neme (if roof institution, give street and number) JOHNSHOPE N/A Feelily Neme (if roof institution, give street and number) JOHNSHOPE N/A ACCOUNTY OF Death N/A Feelily Neme (if roof institution, give street and number) JOHNSHOPE N/A ACCOUNTY OF DEATH N/A ACCOUNTY OF Death N/A ACCOUNTY OF Death N/A ACCOUNTY OF Death N/A ACCOUNTY OF Death N/A ACCOUNTY OF Death N/A ACCOUNTY OF Death N/A ACCOUNTY OF Death N/A ACCOUNTY OF Death N/A ACCOUNTY OF Death N/A ACCOUNTY OF Death N/A ACCOUNTY OF Death N/A ACCOUNTY OF Death N/A ACCOUNTY OF DEATH N/A ACCOUNTY OF Death N/A ACCOUNTY OF DEATH N/A ACCOUNTY OF DEATH N/A ACCOUNTY OF DEATH N/A ACCOUNTY OF DEATH N/A ACCOUNTY OF DEATH N/A ACCOUNTY OF DEATH N/A ACCOUNTY OF DEATH N/A ACCOUNTY OF DEATH N/A ACCOUNTY OF DEATH N/A ACCOUNTY OF DEATH N/A ACCOUNTY OF DEATH N/A ACCOUNTY LIVE STATES ACCOUNTY OF DEATH N/A ACCOUNTY OF DEATH N/A ACCOUNTY OF DEATH N/A ACCOUNTY LIVE STATES ACCOUNTY LIVE STATES ACCOUNTY LIVE STATES ACCOUNTY LIVE STATES ACCOUNTY LIVE STATES ACCOUNTY LIVE STATES ACCOUNTY LIVE STATES ACCOUNTY ACCOUNTY LIVE STATES ACCOUNTY LIVE STATES ACCOUNTY LIVE STATES ACCOUNTY LIVE STATES ACCOUNTY LIVE STATES ACCOUNTY LIVE STATES ACCOUNTY LIVE STATES ACCOUNTY LIVE STATES ACCOUNTY ACCOUNTY LIVE STATES ACCOUNTY L | MAY 3 1947 7 7 7 7 7 7 7 7 7 | | 1. Decedent's Name (First, Middle, | Lest) | | 301 | tificate of | 204(1) | 2. Dete of De | | | 3. Time of Deeth |
|--|--|-----------|---|-----------------------------------|---------------------------------------|-------------------------------|--|-----------------------------|-------------------------------------|---------------------|--------------|-----------------------|
| As Seady Name of front installation, the same of marked of the same of the sam | As Feelly Name (Prox Installation, pive street and number) TO INNS HOPE INS HOPE INS HOPE INS HOPE INS PORT IT IN PAR | | WILMA NE | UMAN | | | | | Month | 31 1 | 997 | 8:30 AM |
| 5 Source Source Number 5 Source | Social Security Number 6.5 pt 2 | | | | | | 12-11 | | | | | |
| ASSOCIATION Total | 468-24-4796 468-24-4796 468-24-4796 The secondary of t | | | Sev 7 | | | If Under 1 Year | | | | | ace (State or Foreign |
| Top States 100, Coverly 100, City, Tom or Location 100, City, Tom or Location 100, City Tom or Location | Toe. State and Number Toe. County Toe. Chy. Town or Location Toe. State and Number Toe. Stat | | | 1□ M 2□¥F | | | Months Days | | DEC. | 2,1925 | MIN | NESOTA |
| MARYLAND N/A BALTINORE 10. Ze Code 11. Marine Saturs 12. Marine Saturs 11. Marine Saturs 12. Marine Saturs 12. Marine Saturs 12. Marine Saturs 12. Marine Saturs 12. Marine Saturs 13. Marine Saturs 14. Marine Saturs 14. Marine Saturs 15. Marine Saturs 16. Decedent's Usual Occupation 16. Decedent's Usual Occupation 16. Decedent's Usual Occupation 17. Marine First Marine College College 17. Feath's Neme of Plant, Madde, Last MCULE MR. TRY INS NEUMAN (HUSBAND) 20. Marine of Dispersion of Usual Saturs 18. Marine Saturs 19. Marine Marine Marine (First, Madde, Malabor Gurmanne) 19. Marine Marine Marine (First, Madde, Malabor Gurmanne) 19. Marine Marine Marine (First, Madde, Malabor Gurmanne) 19. Marine Marine Marine Marine (First, Madde, Malabor Gurmanne) 19. Marine Marine Marine Marine Marine (First, Madde, Malabor Gurmanne) 19. Marine Marine Marine Marine Marine (First, Madde, Malabor Gurmanne) 19. Marine Ma | MARYLAND N/A BALTINORE 102 Dodge 102 Citizen of Whet Country 103 Code 104 Code 105 Seed and Number 104 Code 105 Seed and Number 105 BOUTON GREEN 11. Martiet Satus 11. Martie | | | | 10c City | Town or Lo | cation | | | | 10 | id Incide City Limite |
| Separation Sep | 3 Widowed Divorced Tree, City Specify: Spec | Po | | | | | | | | | 10 | XXYes 2 □ No |
| 3 Wideward Diversion D | Security | lrec | | | | MUITIN | 1 | | | 10g. Citizen of \ | Whet Count | ry? |
| 3 Widowed 4 Divorced 1 Ves. 12 20 Specify | Security | rai | 54 BOUTON GREEN | | | | 21210 | 0 | | US | A | |
| Sequentially list conditions a contributing to death but not resulting in the underlying cause given in Part I. | Securior of hybrides from a completed page completed grade completed grade completed grade completed grade completed grade completed grade completed grade completed grade completed grade completed grade completed grade completed grade completed grade complete grade completed grade complete grade complete grade completed grade complete grade complete grade complete grade gra | by | 1 Never Married 2 Marrie | Armed Ford 1 Yes 2 If Yes, Give | es? XXNo | | _ | | pecify Yes or No to Rican, etc.) | | tc. | |
| 19. Nother's Name (First, Middle, Last) 19. Motter's Name (First, Middle, Malses Survense) 19. Motter's Name (First, Middle, Malses Survense) 19. Melling Address (Street and Number or Pural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Pural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Pural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Pural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Pural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Pural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Pural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Pural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Pural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Pural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Pural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Pural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Pural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Pural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zp Code) 19. Melling Address (Street and Number or Rural Route Number, City or Town, Stete) 19. Melling Address (Street and Number or Rural Route Number, City or Town, State) 19. Melling Physician be United States (States and States) 19. Melling Physician States (States) 1 | 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meisten Summen) 19. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19. Meiling Address (Street and Number or Rural Route Number, City or Town, State or Rural Route Number, City or Town, State or Rural Route Number, City or Town, State or Rural Route Number, City or Town, State or Rural Route Number or Rural Route Number, City or Town, State or Rural Route Number, City or Town, State or Rural Route Number, City or Town, State or Rural Route Number, City or Town, State or Rural Route Number, City or Town, State or Rural Route Number, City or Town, State or Rural Route Number, City or Town, State or Rural Route Number, City or Town, State or Rural Route Number, City or Town, State, Zip Code) 20. Leg City or Town, State, Zip Code) 20. Leg City or Town, State, Zip Code) 20. Leg City or Town, State, Zip Code) 21. Mean Rural Route Number or Rural Route And Route | eted | 15. Decedent's | Education | | 16a. Deced | ent's Usuel Occu | pation during most of wo | rkina | 16b. Kind of B | | |
| 19. Mother's Name (First, Middle, Last) 19. Mother's Name (First, Middle, Malbor Summen) 19. Mother's Name (First, Middle, Malbor Name, College (First) 19. Mother's Name (First, Middle, Name (First, | 17. **Inter's Name (*First, Middle, Maidlen Surmens) 18. Mother's Name (*First, Middle, Maidlen Surmens) 190. Method of Disposition 190. Method 190. Met | dmo | | College (1-4 | lor 5+) | | | | | THE | | |
| Note Name | Section Sect | | 17. Father's Neme (First, Middle, La | ^ | | OV | MARK | 18. Mother's Nar | me (First, Middle, | | | IT AGENCY |
| 198. Informant's Name-Rolationship (Type, Print) 199. Melling Address (Street and Number or Plural Route Number (City or Town, Stete, Zp Code) 54 BOUTON GREEN BALTIMORE, MD 21210 200. Location - City or Town, Stete and Number or Plural Route Number (City or Town, Stete, Zp Code) 54 BOUTON GREEN BALTIMORE, MD 21210 200. Location - City or Town, Stete and Number or Plural Route Number (City or Town, Stete, Zp Code) 198 Burial + 20 Location - City or Town, Stete, 200. Location | 198. Informant's Name/Folationahip (Type, Print) 199. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 198. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 198. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 198. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 198. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 198. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 198. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 198. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 198. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 198. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 198. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 198. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 198. Location - City or Town, Stete, Zip Code) 198. Location - City or Town, Stete, Zip Code) 198. Location - City or Town, Stete, Zip Code) 198. Location - City or Town, Stete, Zip Code) 198. Location - City or Town, Stete, Zip Code) 198. Location - City or Town, Stete, Zip Code) 198. Location - City or Town, Stete, Zip Code) 198. Location - City or Town, Stete, Zip Code, Inc. Step Code, 2018. Location - City or Town, Stete, Zip Code, 2018. Location - City or Town, Stete, Zip Code, 2018. Location, Street, 2018. Location, Street, 2018. Location, Street, 2018. Location, Street, 2018. Location, Street, 2018. Location, 2018. Location, 2018. Location, 2018. Location, 2018. Location, 2018. Location, 2018. Location, 2018. Location, 2018. Location, 2018. Location, 2018. Location, 2018. Location, 2018. Location, 2018. Locat | O B | WILLIAM | | McGUI | RE | | BERTH | A | | Y | ULE |
| Sequential Seq | Survival Commention Comment | ľ | and the same that the same to | | ND) | | | | | | Stete, Zip (| Code) |
| 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 Approximate intervel Between Onset and according such as cardiac or respiratory errest. 23. Part : Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 24. Part : Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 25. Part : Enter Index in the disease or condition is easilish in death. 26. Post : Enter Index in the cause of the cause. Enter Index in the cause of the cause of the cause. Enter Index in the cause of | 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 8900 Rejsterstown Road_Pikesville, MD 21208 Approximate the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, interval and provided interval and int | | l i | ☐Removel from St | 00 | ece of Dispos metery, crem | sition (Neme of netory or other ple | 1 | | | | |
| SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MP 21208 Approximate Intermediate Cause (Fine) disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, intermediate Cause (Fine) disease or condition resulting in death) Bacterial Maning its Due to (or se a consequence of): Bacterial M | SOL LEVINSON & BROS., INC. | | | | BA | | | | -2-1997 | REIST | ERSTC | WN, MD |
| 23a. Part. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interventing in death) Backerial municipal interventing in death) Backerial municipal interventing in death) Backerial municipal interventing in death) Backerial municipal interventing in death) Backerial municipal interventing in death) Backerial municipal interventing in death) Backerial municipal interventing in death but not resulting in the underlying ceuse given in Part I. Betting in death) Betting in death) Lest Backerial municipal interventing in the underlying ceuse given in Part I. Betting in death) Betting in death but not resulting in the underlying ceuse given in Part I. Betting in death) Betting in death but not resulting in the underlying ceuse given in Part I. Betting in death) Betting in death but not resulting in the underlying ceuse given in Part I. Betting in death) Betting in death but not resulting in the underlying ceuse given in Part I. Betting in death) Betting in death but not resulting in the underlying ceuse given in Part I. Betting in death) Betting in death but not resulting in the underlying ceuse given in Part I. Betting in death but not resulting in the underlying ceuse given in Part I. Betting in death but not resulting in the underlying ceuse given in Part I. Betting in death but not resulting in the underlying ceuse given in Part I. Betting in death but not resulting in the underlying ceuse given in Part I. Betting in death but not resulting in the underlying ceuse given in Part I. Betting in death but not resulting in the underlying ceuse given in Part I. Betting in death but not resulting in the underlying ceuse given in Part I. Betting in death but not resulting in the underlying ceuse given in Part I. Betting in death but not resulting in the underlying ceuse given in Part I. Betting in death but not resulting in Part I. Betting in death but not resulting in Part I. Betting in death but not resulting | 23a. Part I. Enfer the disease, or complications the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, and approximate finite rise before the shock, or heart failure. List only one cause on each line. 23a. Part I. Enfer the disease, or complications the caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, and approximate finite rise before the disease or condition. The sulfing in death of the cause of the deeth of the sulfing in death) 25a. Due to (or es e consequence of): 25a. Due to (or es e consequence of): 25a. Due to (or es e consequence of): 25a. Due to (or es e consequence of): 25a. Due to (or es e consequence of): 25b. Did tobacco use contributis to the cause of the cause o | | 21. Signature of Haneral Service Lik | ensee | 111 | 22 | . Name end Addre | OL LEVINS | ON & BRO | OS., INC. | | |
| Course (Disease or Injury Interesting In death) Lest Due to (or es e consequence of): Due to (or es e cons | Ceuse (Diesease or Injury trialitated events resulting in death) Lest Due to (or es e consequence of): Due to (or es consequence of): Due to (or es e consequence of): Due t | | disease or condition | 0. | Due to (or | es e conseq | uence of): | h's | | | | 20 hours |
| Course (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): | Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): 1 Yes 2 No 3 Probably 4 No 3 Probably 4 No 4 N | хап | Sequentially list conditions, if eny, leeding to immediate | | | | | | | | | 1.10 |
| Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributs to the cause of death 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of ceuse of death 1 Yes 2 No Yes 1 Yes 2 No 1 Yes | Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of the course of | calE | thet initiated events | c/ | | | 1 | | | | | t years |
| 24e. Wes an autopsy performed? 24e. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? 1 | 24e. Wes an autopsy performed? 24b. Were autopsy first available prior to completion of confideath? 1 | | resulting In death) Lest | ■ d | 500 10 (01 1 | 00 0 0013640 | 30100 01). | | | | | |
| 24e. Wes an autopsy performed? 24e. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? 1 | 24e. Wes an autopsy performed? 24b. Were autopsy final available prior to completion of confidents? 25. Wes cese referred to medical examiner? 1 Yes 2 No Now | ysicia | Pert II. Other significant conditions | contributing to dea | th but not resul | Iting In the un | nderlying ceuse gi | iven in Part I. | 23b. Did | tobacco use co | ntributa to | the cause of death' |
| 24e. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? 1 | 24b. Were autopsy fiavailable prior to completion of codeth? 25. Wes cese referred to medical examiner? 25. Wes cese referred to medical examiner? 26. Plece of Death (Check only one) 27. Menner of Death 1 Naturel 2 Accident 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Menner of Death 1 Naturel 2 Accident 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28b. Time of injury M 28c. Injury at Work? 27. Menner of Death 1 Naturel 2 Accident 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 Yes 2 No 28d. Describe how injury occurred Work? 1 Yes 2 No 28d. Describe how injury occurred City or Town, Steel 28d. Describe how injury occurred Work? 28d. Describe how injury occurred City or Town, Steel 28d. Describe how injury occurred the time, deteened place, end due to the ceuse(s) end menner es stated. 28d. Describe how injury occurred the time, deteened place, end due to the ceuse(s) end menner es stated. 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) | | | | | | | | 10 | Yes 2 No | 3 Prob | ably 4 Unknow |
| 25. Wes cese referred to medical examiner? 26. Place of Death (Check only one) 1 Yes 2 No | 25. Wes cese referred to medical examiner? 26. Place of Deeth (Check only one) 27. Menner of Death 1 Naturel 2 Accident 3 Suicide 4 Homicide 28. Place of Injury 28b. Time of Injury 3 Suicide 4 Homicide 28c. Injury at Work? 1 Yes 2 No 28d. Describe how injury occurred 28d. | | | | | | | | 24e. Wes | an autopsy rmed? | avai | lable prior to |
| examiner? | examiner? | Con | | | | | | | 10, | Yes 2 No | 10 | Yes 2 No |
| 27. Menner of Death 1 Nature 2 Accident 3 Suicide 4 Homicide 28e. Place of Injury - At home, farm, street, fectory, office 28e. Place of Injury - At home, farm, street, fectory, office 28e. Place of Injury - At home, farm, street, fectory, office 28e. Certifier (Check only one) 28e. Place of Injury - At home, farm, street, fectory, office 28e. Place of Injury - At home, | 27. Menner of Death 1 Nature 2 Accident 2 EH/Outpatient 2 EH/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred Work? 1 Yes 2 No 28d. Describe how injury occurred Yes | 00 | examiner? | Hospital: | | | Ot | hor | | | | |
| 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29c. License number 29d. Date signed (Month, Dey, Year) | 29a. Certifier (Check only one) 29a. Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) end menner es stated. 2 Madicel Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and menner stated. | | 27. Menner of Death 1 Naturel 5 Pending | 28e. Dete of (Month, | Injury : | 28b. Time of | 28c. Inju | ry at ork? | | | | |
| 29a. Certifier (Check only one) 29b. Signature end title of certifier 29c. License number 29c. License number 29d. Date signed (Month, Dey, Year) | 29a. Certifier (Check only one) 29a. Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) end menner es stated. 2 Madicel Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and menner stated. | Sertifica | 3 ☐ Suicide 6 ☐ Could no | 289. Place 0 | f Injury - At hor , etc. (Specify) | me, farm, stre | eet, fectory, office | | | | per or Rurel | Route Number, |
| 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) | | | (Check only 2 Madicel Ex | aminar: On the bas | is of examination | | | | | | | |
| PElie G. Cohen, MD RES-000 May 31, 1997 | | X | 29b. Signature end title of certifier | 0 1 | | | | | | 29d. Date signe | d (Month, D | Pey, Year) |
| | Pélie G. Cohen, MD RES-000 May 31, 1997 | | Ellie G. | Cohen, | IMD | | RES | 5 - 000 | | May 3 | 1,19 | 97 |



State of Maryland / Department of Health and Mental Hygiene 97

16864

| Physicia /Medic Examin | ai | Decedent's Neme (First, Middle, L Hilda Hilda Fecility Neme (If not institution, gi | ast) Ne] | | | | | | | 2. Dete of De | Reg. No. | | 3. Time of Deeth |
|---|---------------|--|--|--|--|----------------------------------|---|-----------------------------------|-------------------------|---------------------------------------|-------------------------------|--------------------------------------|--|
| Funeral Director | | 4e. Fecility Neme (If not institution, gi | | LSON | | | | | | May 31 | | Yeer | 5:39 am |
| Director | | Johns Hopkins Ba | | | Center | | | 4b. City, To Balti | | ocation of Deet | h 4c. Cou | nty of Deeth | |
| Marylend f show | | 216-20-3059 | Sex 1□M 2√2F | 7. Age (In yrs. 72 | lest birthday) Yrs. | If Unde Months | Deys | | Min. | 8. Date of Bi (Month, De July 7 | rth ey, Yeer) 1924 | 9. Birth | plece (State or Foreintry) INSYLVANIA |
| 98 9 | Director | Usual Residence of Decedent 10e. State 10b. County Maryland Bal 10e. Street and Number | timore | 10c. Ci | ty, Town or Lo | | | | | Dundal | | | 10d. Inside City Limi 1 ☐ Yes 2 🔯 N |
| 23a or 2 | | 10e. Street and Number 1504 Holabird Av | enue | | | 10f. Zi | p Code | | 2122 | 2 | 10g. Citizen Unit | of What Cou | |
| 72 hours effer death with the Maryland "natural", or items 23a or 28a-f show occal Examiner must be notified at | by Funeral | 11. Maritei Stetus 1 Never Married 2 Merried 3 Widowed 4 Divorced | 12. Wes Dec Armed Fo 1 Yes If Yes, Gi Yeer or D | 20 No | | Wes Dece f Yes, spe 1 Yes | ecify Cu | ben, Mexice | n, Puerto | ecify Yes or No Ricen, etc.) | | Race - Amer Bleck, White cify: | |
| d within 72 ho jene. r than "natur the Medical | leted | 15. Decedent's E (Specify only highest gi | ducation ede completed) | | 16e. Deced | dent's Usu | ai Occi | upetion e during mos red) | st of work | ing | 16b. Kind o | f Business/li | |
| nd 2 should be filed within 72 hours eff th and Mental Hygiene. 27 is marked other than "natural", or traumatic event, the Medical Examp | Completed | Eiementary/Secondary (0-12) 8 Years | College (| 1-4or 5+) | | sewi ₁ | | - | | | | Home | |
| should be fi ad Mental H marked out imatic ever | To Be | 17. Fether's Neme (First, Middle, Las Harry Hepler | t) | | | | | 18. Moth | er's Nem | e (First, Middle Floren | ce V. | | ı |
| 2 should end Men is marke aumatic | | 19e. Informent's Neme/Relationship | (Type, Print) H | lushand | 19b. Meilir | ng Addres | s (Stree | et end Numb | er or Rur | rel Route Numb | er, City or To | vn, State, Zi | ip Code) |
| permit. Pages 1 end 2 should Department of Health and Mer Important: If item 27 is marke any injury or other traumatic once. | | Mr. George E. Ne 20a. Method of Disposition 1 □XBurial 2 □ Cremation 3 I 4 □ Donetion 5 □ Other (Special Service Lices) | □Removei from | State 20b. I | Plece of Dispo cemetery, cren k Lawn 22 Di | ceme Neme e Ceme Neme e | ome of other pi exer nd Addi Ruck | ace) y 6/; ress of Fecility Fune | 3/199 ity ral f | Home of | Balt Dunda | imore, lk, Iv | own, Stete |
| Physician /Medicai Examiner | | 23a. Peri1/Enter the disease, or conshock or heert failure. List only Immediate Ceuse (Finel disease or condition resulting in deeth) | one cause on (| nary Art | | .seas | e | ring, such es | cardiac | or respiretory e | errest, | | Approximete Intervei Between Onset end Deeth |
| cuted nd ransit | Examiner | Sequentially list conditions | b. Diabe | etes | or es e conseq | | | | | | | | 10 years |
| eath certificete be executed attending physician end I for use as the buriel-transit | /Medical Ex | Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest | obesi | | r es e conseq | uence of): | : | | | | | - | 30 years |
| death ce e attendi | Physician/ | Pert II. Other eignificent conditione | d | eath but not res | ulting in the ur | nderivina | ceuse o | iven in Pert | l. | 23b. Did | tobecco use | contribute | to the cause of deet |
| E & 0 | by Phy | renal failure, | | | | | | | | | Yes 2□N | | obably 4 Unkno |
| sw requires been s | Completed b | | | | | | | | | 24a. Was | en autopsy ormed? | e. | Fere eutopsy findings veilable prior to ompletion of cause I deeth? |
| Page 1 | Con | | | | | | | | | 10 | Yes 2 No | 1 | □Yes 2₺No |
| iclan: The | Be | 25. Was case referred to medical exeminer? | Manakal | | | | | | e of Deat | h (Check only | one) | | |
| Phys this ral di | atlon: To | 1 Yes 2 No 27. Manner of Death 1 Natural 5 Pending 2 Accident investigation | 28e. Dete (Mon | | 28b. Time of Injury | | 28c. Inje | | | ome 5 Resi 28d. Describe | | | ify) |
| had or stem rai by ector: | Certification | 3 Sulcide 6 Could not to determined | build | e of Injury - At h ing, etc. (Specil | y) | | | | | City or To | wn, Stete) | | rel Route Number, |
| A | edical | 29a. Certifier (Check only one) 1 ★ CertifyIng Pl | miner: On the b | best of my kno asis of examina ner stated. | wiedge, deeth tion and/or inv | occurred restigation | et the t n, In my | time, date er opinion, dee | nd place, eth occuri | and due to the red et the time, | cause(s) and date and piac | manner as : e, and due ! | stated. to the cause(s) |
| P 1 8 | Σ | 29b. Signeture end title of output | les. | . N | | | | nse number | | | 29d. Dete sig | | |
| 6 | - | 30. Name and address of person who | | se of death (Iter | 10 USE STA n 23a) (Type, I | | | ns Hop | | Bayvie | June 2 w Medi | | |
|) | | Kenneth Colley 31. Dete filed (Month, Day, Year) | MD | DE TRUMBUM | | | | | | AVenue | | | |



FOR

| 1 - STATE REGISTRAR | SIAIE UF MARY | | CATE OF | DEATH | | GIENE G. NO. | | | | | |
|--|---|--|--|--|--|----------------------|-----------------------------|--|--|--|--|
| 1. OECEDENT'S NAME (First, Middle, Last BERNARD | | CES O | YAC' | | 2. DATE OF DE | ATN DAY | Q'EAR Q'EAR | 3. TIME OF DEATH | | | |
| 4. SOCIAL SECURITY NUMBER 214-18-1411 | 5. SEX 8. AGE | (In yrs. last birthday) YRS. | IF UNDER t YEAR | IF UNDER 24 HRS. HOURS MIN. | 7. DATE OF BIR (Month, Day, NOV. | Ybar) | a. BIRTHE Country Mar | | | | |
| 9a. FACILITY NAME (If not institution, give Irvington Knolls | | ie | 96. CITY, TOWN Baltim | OR LOCATION OF DE | | | UNTY OF DE | | | | |
| RESIDENCE OF DECEDENT | | | | | | | | | | | |
| Maryland Balt | imore City | | town or Local | | | | | 10d, INSIDE CITY LIMITS? 1 YES 2 NO | | | |
| 100. STREET AND NUMBER 22 South Athol | Street | | 10 | 1. ZIP CODE 21229 | | | S.A. | HAT COUNTRY? | | | |
| 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR UNKNOW | 2 NO | If yea, a | CENDENT OF NISPAN Decify Cuban, Mexican S 2 M NO Specify | n, Puerto Ricen, a | cify Yea or No- | 14. RACE | - American Indian, White, etc. | | | |
| 15. DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12) UNKNOWN | College (1-4 or 5+) unknown | Hie. Do NOT use | ork done during m | ON ost of working | | of BUSINESS/M | | | | | |
| 17. FATHER'S NAME (First, Middle, Lest) unknown | dikilowii | 00 | resman | 18. MOTHER'S NA | ME (First, Middle, | | | | | | |
| 19a. INFORMANT'S NAME (Type/Print) | | 10h MAH ING | Anneess (Street | unkno | | or Foun State 7 | in Cade) | | | | |
| unknown | | unkr | | and reminer or notes t | iodio Namion, ony | or lown, State, 2 | up code) | | | | |
| 20e. METHOD OF DISPOSITION 1 | moval from State C6 | Ob. PLACE AND DATE O emetery, cremetory or oth | F DISPOSITION (A | lame of | DATE | 20c. LOCATION - | - City or Tov | rn, Stata | | | |
| 22. PART I. Enter the diseases, o | r complications that cause a. List only one cause on | Wade, Director State Anatomy Board 655 Baltimore, Maryland 212 I thet caused the death. Do not enter the mode of dying, such as cardiac or rasp cause on each line. KTEN SIVE RIGHT PNEUMONE TO (OR AS A CONSEQUENCE OF): | | | | | | Approximata interval Batween Onsat and Death | | | |
| Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST | bDUE TO (OR AS | A CONSEQUENCE OF | 7): | | | | | | | | |
| PART II Other significent condition of the condition of t | TRIBUTE TO CAUSE HOSPITAL: 1 Inpetiant 2 ERVOV (Month, Day, Year) 28e. PLACE OF INJUR 28e. PLACE OF INJUR | OF DEATH YE. 28. PLACE OF DEATH 11. STANKER STANKER 28. TIME 12. STANKER 12. STANKER 12. STANKER 13. STANKER 14. STANKER 15. STANKER 16. STANKER 17. STANKER 18. S | MUSS NO EN (Check only one OTHER: 4 Mouraing Houry M 1 | UNCERTAIN DIE S Residence JURY AT ORK? YES 2 NO | B Other (Spec 28d. DESCRIBE | ://y) : HOW INJURY O | CCURED | WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO | | | |
| 4 Homicide datarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHY | /SICIAN: To the beat of my kno | owledge, death occurre | | | | and manner as at | | | | | |
| 2 MEDICAL EXAMI | | al le-Ra | | 29c. LICENSE NUM | | | | (Month, Day, Year) | | | |
| 30. NAME AND ADDRESS OF PERSON OF KOMOLINE K. DO | 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) | | | | | | | | | | |
| 31. DATE FILED (Month, Day, Year) JUN 0 4 1997 | Grand Same | SMATURE Son-Randall | | | | | | | | | |

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. OBALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

DHMH-16 Rev 1/89

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Dorothy S. Oest May 29 4b. City, Town, or Location of Death 1:30 A.M. 29 1997 4a. Facility Name (If not institution, giva straat and number) 4c. County of Deeth Towson Baltimore If Under 1 Year If Under 24 Hrs. 6. Data of Birth (Month, Dey, 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) Months 90 Yrs Pennsylvania 10c. City, Town or Location 10d. Inside City Limits 1□Yas 2□No Towson 10f. Zip Code 10g. Citizen of Whet Country?

5. Sociel Security Number 214-40-6713 **Director** Usual Residence of Decedent 10e. Stete 10b. County Maryland Baltimore Director 10e. Street end Number 800 Southerly Road Funeral 21286 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Marital Status 1 Yes 2 No If Yes, Give X Year or Dates: 1 Naver Married 2 Married 1□ Yes 2□ No Specify by 3 Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 72. Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "na any Injury or other traumatic event, the Mede once. Elementary/Secondery (0-12) College (1-4or 5+) School Teacher Baltimore City Schools 17. Fether's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Melden Sumame) Be Walter William Sheppard Gertrude Adelaide 19a. Informent's Neme/Ralationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mrs Ruth Ann Young (Cousin) 800 Southerly Road, Apt.715, Towson, Md. 21286 20b. Place of Disposition (Neme of cemetery, crametory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Removel from Stata 4 Donetion 5 Other (Spacify) New Freedom Cemetery 5-31-97 New Freedom, Pennsylvan

23e. Part1. Enter the diseese, or complications that causad tha daath. Do not enter tha moda of dying, such as cardiac or raspiretory arrast, shock, or haart failure. List only one ceuse on each line.

Physician /Medical

Examiner

attanding physician and for use as the burial-transit

þ

Completed

Be

2

Medical Certification:

paga 2 s

Box 68760.

Division of Vital Records, P.O.

Attending.

b

Director:

Physician

/Medical

Examiner

Funeral

28a-f show

Item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be nutified at

naturel', or items 23s

Edenwald

Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disaasa or injury that initiated events resulting in daath) Lest Physician/Medicai

Immediete Ceuse (Final diseese or condition rasulting in death)

21. Signetura of Funeral Service Licenses

allace

Due to (or

22. Name and Address of Fecility

Ruck Towson Funeral Home, Inc. 1050 York Road, Towson, Md. 21204

Approximata Intervel Betw

White

Wilhelm

Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco uee contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings aveileble prior to completion of cause of daath?

1 Yes 26. Place of Death (Check only one) 1 Tyes 2 No

| Wes case | | to | medical |
|-----------|-------|----|---------|
| examiner? | | | |
| 1 Yes | 22 No | | |

27. Manner of Deeth 1 Natural 2 Accident 5 Pending Invastigation 28a. Date of injury (Month, Dey Year)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28e. Place of Injury - At home, farm, street, fectory, office building, atc. (Specify)

Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, Steta)

29a. Certifier

3 Suicide

4 Homicida

Certifying Phyeician: To tha best of my knowledga, death occurred et the time, date end piece, and dua to tha causa(s) and menner es steted. Medicat Examiner: On the basis of examinetion end/or investigetion, in my opinion, daeth occurred et the time, data end place, and dua to the causa(s) and menner stated. 29b. Signature and title of certifier

6 Could not be datarmined

29c. License number

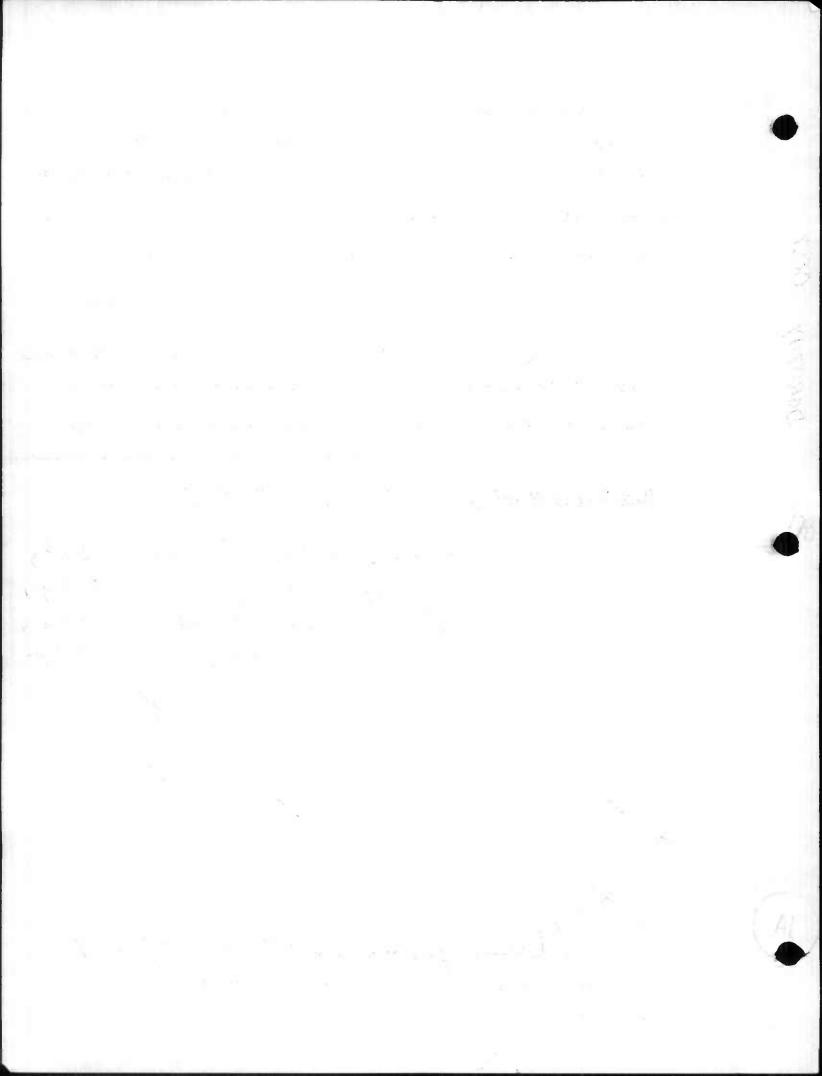
29d. Dete signed (Month, Pey, Yeer)

30. Name and eddrass of person who complated cause of death (Vam 234) (Type, Print)

JUN 0 4 199

516 N. Rolling Road, Catonsville, Md. 21228 D. Albuerne, M.D. Marcelino 31. Dete filed (Month, Dey, Year)

State Registrar 62; Regilifier's Signaturand



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Margaret May 29 1997 :50 P.M. 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death 1713 EARHART ROAD BALTIMORE BALTIMORE If Undar 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day, Year) If Under 1 Yaar 5. Social Security Number 7. Age (in yrs. last birthday) Birthplaca (Stata or Foreign Country) 1 M XXF Months Days 78 Yrs. 215-30-1511 24,1918 MARYLAND Usual Residence of Deceden 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 1713 EARHART ROAD 21221 U.S.A. 11. Marital Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, atc. 1 ☐ Yes 2 Ø No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes XX No Specify: Specify: WHITE X Widowed 4 □ Divorcad 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER DOMESTIC 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) JOHN STEVENS MARGARET 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOHN PEYTON, SR./SON 7346 HUGHES AVE., BALTIMORE, MD. 21219 20a. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State ₩Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) OAK LAWN CEMETERY 6/2/1997 BALTIMORE, MD. 21. Signatura of Funeral Service Licenta 22. Nama and Address of Facility 21224 23a. Part1. Enter tha distance or to shock, or haart failure. Let be CHARLES S. ZEILER & SON 6224 EASTERN AVENUE not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death Immediate Cause (Final diseasa or condition rasulting in death) CUA Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest 600 Due to (or as a consequenca of): Part II. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 thknown 24b. Were autopsy findings available prior to 24a. Was en autopsy completion of cause of death? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Hesidence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28a. Date of fnjury (Month, Dey Year) 28b. Time of 28c. fnjury at Work? 28d. Describe how injury occurred

1 Yes 2 No

D14221

1 Cartifying Phyelcien: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and menner es stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licanse number

28f. Location (Straet and Number or Rural Route Number, City or Town, Stete)

29d. Date signed (Month, Dey, Year)

5.31.99

Physician /Medicai **Examiner**

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or heme 23a or 28a-f show tre Medical Examiner must be notified at

death

within 72 hours after

Hygiene.

is marked of

permit. Pages 1 end 2 Department of Heelth ar important: if item 27 is any injury or other treu

Baltimore, Maryland 21215-0020

Box 68760,

P.O. 1

Records,

Division of Vital

Director

Funeral

þ

Completed

Be

Examiner physicien and s the bunal-trans Physician/Medicai Completed by Be 10 Certification:

The law requires that the death certificate be executed signed by t peen page 2 s this certificate Hospital or Attending Physician: 24 hours efter death. director funerai After Director: To the Hospital or within 24 hours eff To the Funeral Di completely filled in

edicai

31. Date filed (Month, Dey, Yeer) State JUN 0 4 1997 Registrar

1 Matural

2 Accident

3 Suicide

29a. Certifier

4 ☐ Homicide

29b. Signature and title of certifier

7. A.F

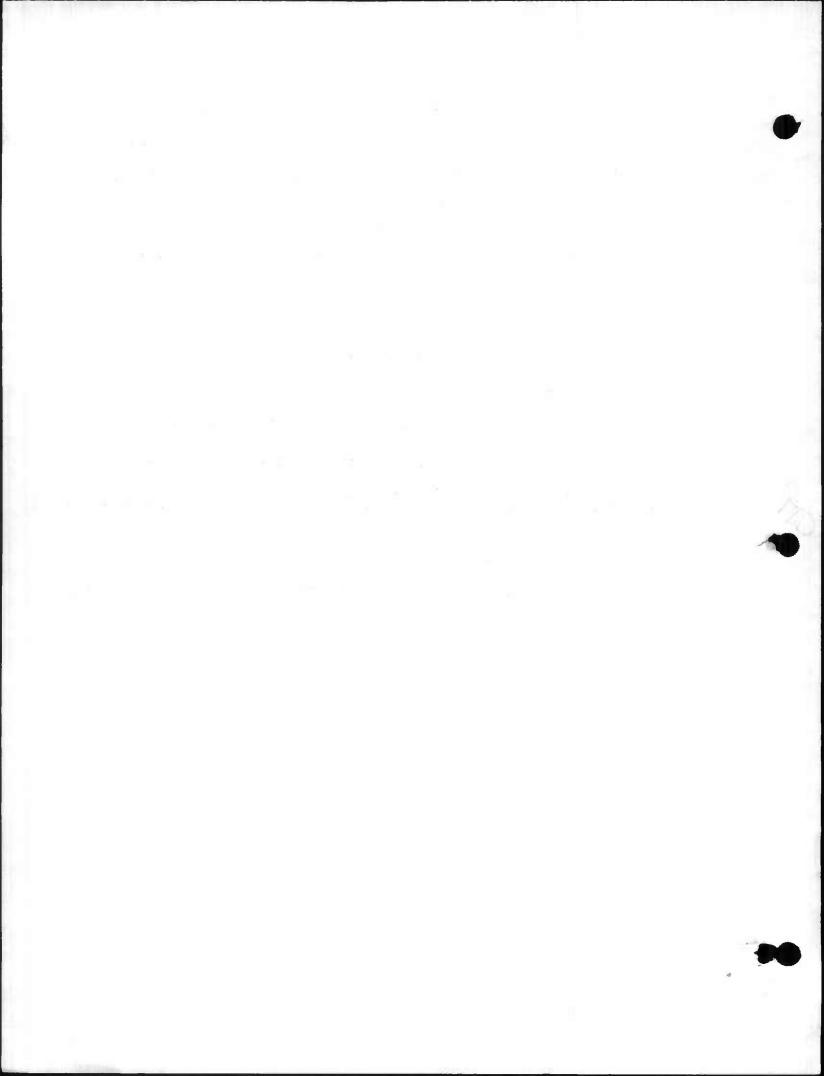
5 Pending investigation

6 Could not be determined

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

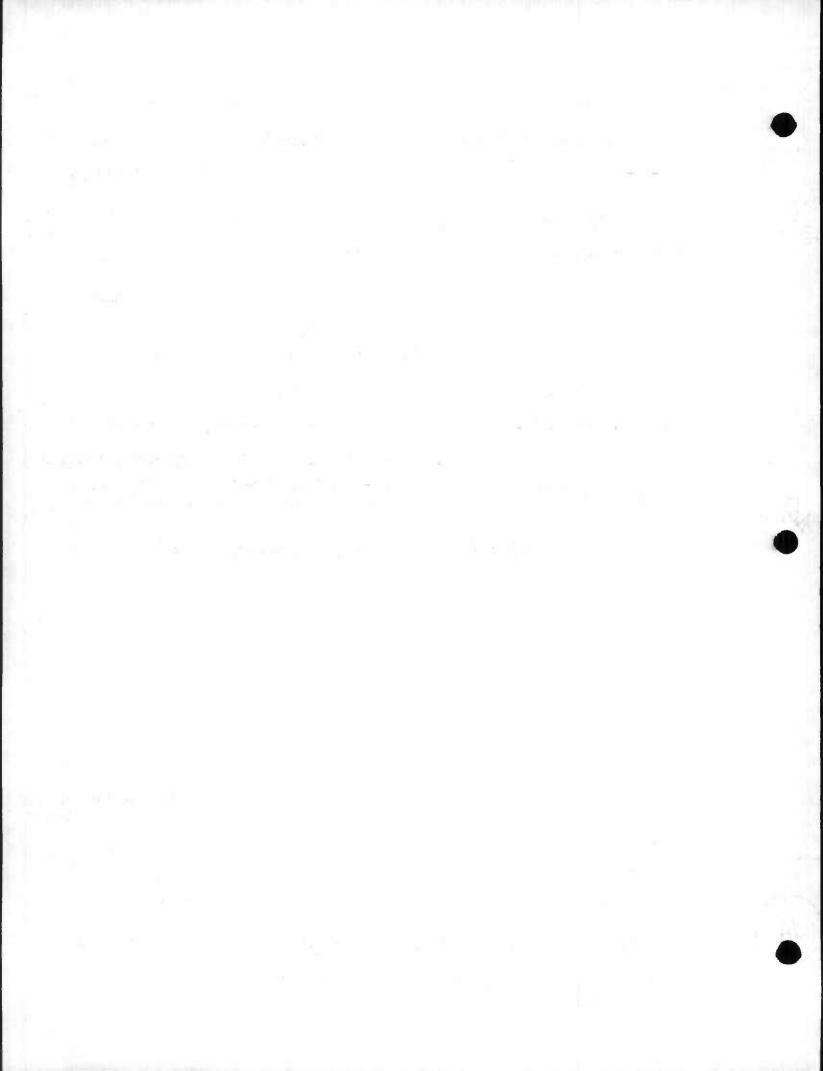
· Revo BACTS 21221 2Row, 2236 12. Register's Signatur Andelle

28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify)



State of Maryland / Department of Health and Mental Hygiene 97

| | | | | | Ce | rtificate | of | Death | | R | eg. No. | | |
|--|---------------------|---|---|--|----------------------------------|---|--------------|-------------------------------|------------------------|--|---|---------------------------|---|
| Physici /Medic | | 1. Decedent's Name (First, Middle, La Theresa | sı) Pipkin | | | | | | | 2. Date of Deat Month May 29 | h | 9 ^{Ygar} | 3. Tim 1 th 3:3 |
| Examin | | 4a. Facility Name (If not institution, giv | | | | | | 4b. City, To | wn, or Lo | ocation of Death | 4c. County | of Death | |
| | | Anne Arundel Med | | | | . Williadas d | Vana | Annap | | | Anne | | |
| Funeral Director | | 5. Social Security Number 6. S 220~22~5100 Usual Residence of Decedent | ex □M2ÅF | 7. Aga (In yrs. | . last birthday, Yrs. | Months | Year Days | | Min. | 8. Date of Birth Month, Day, July 25 | Year) 1927 | 9. Birthi Cour Mari | placa (State or Foreign htry) Jland |
| the Maryland r 28a-f show | tor | 10a. State 10b. County Maryland Baltimo | ħ O | | | y, Town or Location | | | | | | 1 | 0d. Inside City Limits 1 ☐ Yes ※ No |
| ith the M or 28a-f | irec | 10e. Street and Number | re | - vai | nuack | 10f. Zip C | ode | | | 1 | 0g. Citizen of | What Coul | ntry? |
| 23a c | alD | 1621 Searles Road | | | | 212: | 22 | | | l | Inited | State | 2.5 |
| aftar des or items | by Funeral Director | 11. Marital Status 1 Navar Married 3 Widowed 4 Divorced | 12. Was Dec Armed Fo 1 Tes If Yes, Gi Yaar or D | 2X No ve | J,S. 13. | Was Deceda If Yes, specif 1☐ Yes 2∫ | | | gln? (Spe i, Puerto | ecify Yas or No- Rican, atc.) | No- 14. Race - American Ind Black, White, atc. Specify: White | | atc. |
| n 72 hours "netural", | ted | 15. Decedent'a Ed (Specify only highest gra | ducation | | 16a. Dece | dent's Usual | Occu | pation | e of worki | ina | 16b. Kind of B | usinass/in | dustry |
| within ena. | Completed | Elementary/Secondary (0-12) | College (| 1-4or 5+) | | kind of work DO NOT use | retire | ed) | or worki | ng | | | |
| Hoper th | S | 9 years 17. Father's Name (First, Middla, Last) | | | Home | emaker | | 40 Metho | da Nama | (Fine) Adiabate A | Own H | | |
| should be filed withing Mantal Hygiena. marked other then matte event, the M | Be | | | | | | | | | ı (First, Middla, I | naloen Suman | 10) | |
| 2 should and Man is marke sumatic | To | Walter Kowalczyk 19a. Informant's Name/Relationship (| | | 19h Mail | ing Address / | Stree | Marci tand Number | | al Routa Number | City or Town | State 7ir | Code) |
| nd 2 sulth ar lith ar trau | | Edward J. Pipkin, | | | | | | | | imore, N | | | |
| of Haalth of Haalth fitem 27 r other tr | 1 | 20a. Method of Disposition | | | Place of Disponentery, cra | osition (Name | of | | Sur | | 20c. Location | | |
| Pagas lant of I mt: If ite | | Burlal 2 Cramation 3 4 Donation 5 Other (Specific | | State | . Stan | , | | , | 12/1 | 997 F | Raltimo | no 1 | laryland |
| permit. Pagas 1 and Department of Haalth Important: If item 27 any Injury or other to once. | | 21. Signatura of Funaral Service Licer | isae | | de | 2. Name and uda-Ru | Addre | ess of Facilit Funeru | al H | ome of I | undalk | , Inc | |
| | | 23a. Part I. Entar the disease, or com shock, or heart failura. List only | nlications that | aused the dea | th. Do not en | 922 W.C. | se of dvi | Avenu | e Ba | ltimore, | Marye | and 2 | Approximata |
| certificate be assocuted as direction and as the bundt-transit as the bund-transit dical Examiner | resulting In deeth) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In death) Last | b. ———————————————————————————————————— | Due to (| or as a conse | quence of): | | | | RCTI | | | |
| | ₹ | L | d | | | | | _ | | | | | |
| requires that tha death o seen signed by the attan- hould be datached for u | Physician | Part II. Other significant conditions of | ontributing to de | eath but not res | sulting In the u | ınderlying cau | ıse gi | van in Part I. | | | | | the cause of death |
| as that the | by Pt | 110 | ne | | | | | | | 1 Y | s 2 No | 3 Pro | bably Unknow |
| - L 0 | Completed b | | | | | | | | | 24a. Was a | n autopsy ned? | av | ara autopsy findings ailabla prior to mpletion of cause death? |
| B - 0 | EO | | | | | | | | | 1 □ Ye | s 2 No | 10 | Yes 2 No |
| ysician: The | Be | 25. Wes case referred to medical examiner? | | | | | _ | 26. Place | of Death | (Check only on | e) Anne | Anun | del Medica |
| Physician: this certific rai director, | P | 1 Yes 2 No | | Inpatient 2 | ER/Outpatie | nt 3□ DOA | | | rsing Hor | ma 5 Reside | | er (Specif | |
| Attending P or death. sector: After ti by the funera | Certification: | 27. Menner of Death 1 Natural 5 Pending 2 Accident Investigation | | of Injury th, Day Year) | 28b. Time of Injury | of 280 | | ryat irk?]Yes 2⊡! | | 28d. Describe ho | w Injury occur | red | |
| or Att | ertili | 3 Suicida 6 Could not be 4 Homicide determined | 286. Place | of Injury - At h ng, etc. (Speci | ome, farm, st | reet, factory, | office | | 1 | 28f. Location (St. City or Town | | er or Rur | al Route Number, |
| Hospi 24 hou Funer Rielly fill | edicai C | 29a. Certifier (Check only one) | iner: On the ba | best of my kno asis of examina ner stated. | owledge, deat ation and/or in | h occurred at vestigation, in | the ti | me, date and opinion, deat | d place, a | and due to the ca ed at the time, da | use(s) and ma ate and place, | anner as s and due to | tated. the cause(s) |
| within To the compil | Σ | 29b. Signeture end title of certifier | n. wa | Bli N | UD | D | 2 | se number | 7 | | 9d. Date signe | d (Month, | Day, Year) |
| 0 | | 30. Name end eddress of person who of 2 77 Penman | completed cause far far | oe of death (Iter | m 23a) (Type, | Print) 4RNO | U | MI |) 2 | 1012 | - | | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6869 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Dete of Death Day 1997 **Physician** CLEMENT 8:00 AM H. RULEY, SR. 23, MAY /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE CITY 360 GUSRYAN STREET 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Pay, Year) JUNE 18, 1926 5. Social Security Number 9. Birthplace (State or Foreign Funeral 212-22-2473 XXM 2 F MARYLAND Director Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23e or 28a-f ahow traumatic event, the Medical Examiner must be notified at MD CITY BALTIMORE XX Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 360 GUSRYAN STREET 21224 U.S.A. death Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 IXYes 2 □ No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: WHITE 3 Widowed 4 Divorced Completed 15. Decedent's Education 16a, Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest g permit. Pages 1 and 2 should be filed within 'Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "rany Injury or other traumatic event, the Med Elementary/Secondary (0-12) College (1-4or 5+) WATER-BALTIMORE CITY PLUMBER 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be CLEMENT RULEY MARY CATHERINE LIPPERT 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) TALITHA RULEY/WIFE 360 GUSRYAN STREET BALTIMORE, MARYLAND 21224 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete Date 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) OAK LAWN CEMETERY MAY 27,97 BALTIMORE, MARYLAND 21. Signature of Funeral Service Licensee 22. Name and Address of Facility CHARLES S. ZEILER & SON, INC. FUNERAL HOME 6224 EASTERN AVENUE BALTIMORE, MARYLAND 21224 23a. Pert1. Ent the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or an entire action of the cause on path line. Approximate Interval Between Onset and Death **Physician** /Medicai immediate Cause (Final MI 1058ble disease or condition resulting in death) Examiner Due to (pras e consequence of) Examine physician end the buriel-transit certificate be executed Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760 Physician/Medical Due to (or es e consequenca of 98 esn 20 P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? the signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings evellable prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? peen hes certificate 1 Yes 2 No 1 Tyes 2 No Division of Vital 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Death Certification: 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred After Hospital or Attending 5 Pending Investigation 1 Natural efter death.

Director: Aft
d in by the fur 1 ☐ Yes 2 ☐ No 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide 24 hours e 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) D14221 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Polon BALT ans 223 trawi

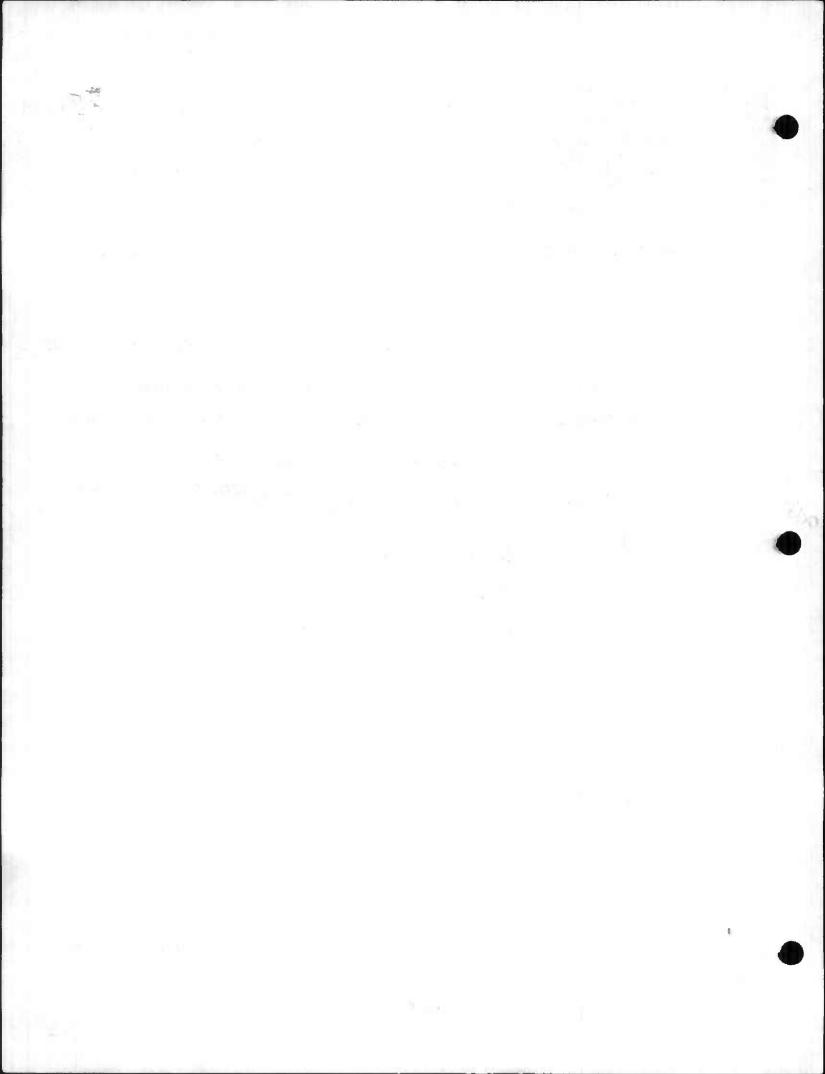
32. Registrar's Signature

and faildoon

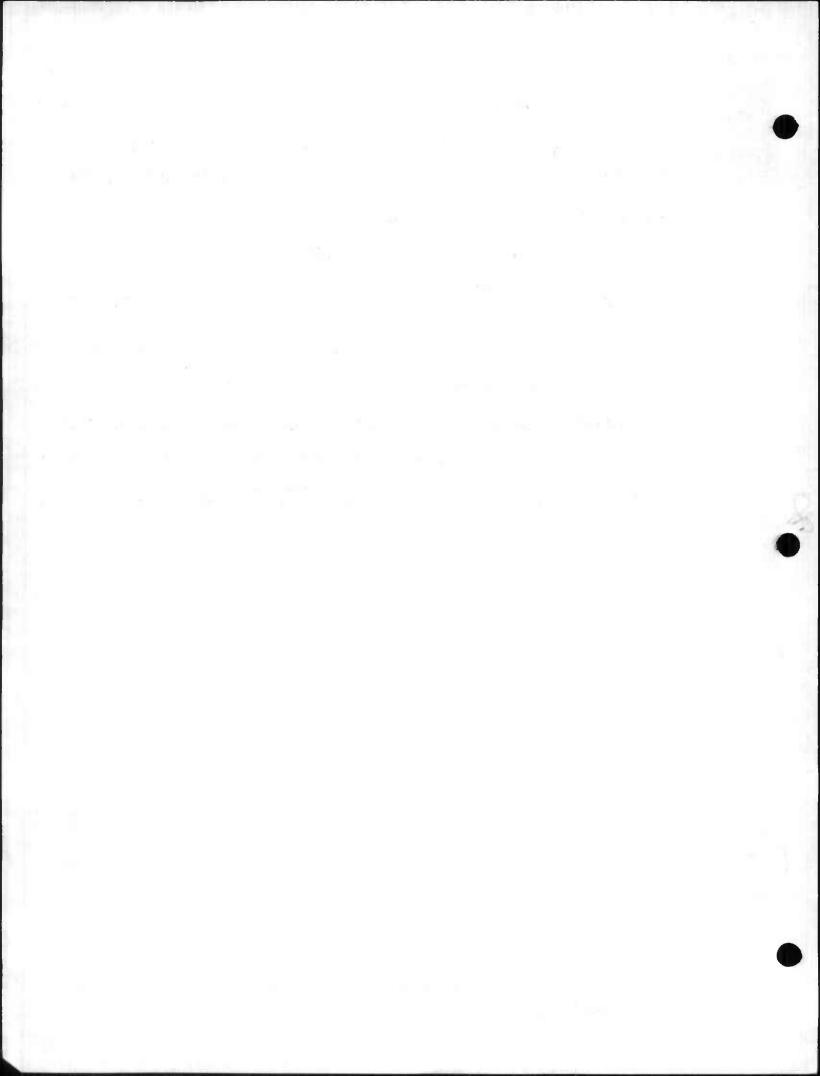
S'ate Registrar

31. Date filed (Month, Day, Year)

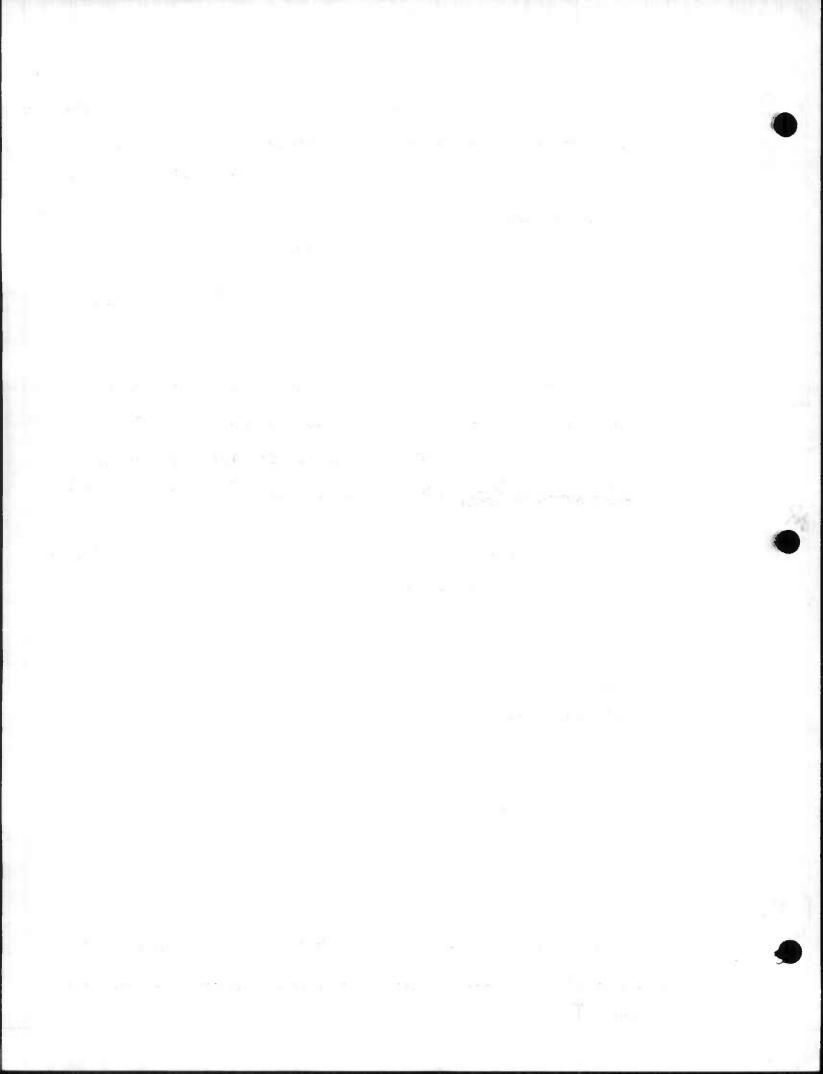
JUN 0 4 1997



| Physic | ian | Decedent's Neme (First, Middle, Last | ames W. | Reeves | | | 2. Dete of De Month JUN | | gear | 3. Time of Death 10:052 | | | | |
|--|--------------------------|--|--|---|--|---|---|---|---------------------------------------|--|--|--|--|--|
| /Medi Examii | | 4e. Fecility Neme (If not institution, give | | MEEAE2 | | 4b. City. Town. | or Location of Deal | | | 10.03 | | | | |
| Exami | ier | | 44 FALLS | ROAD | | | IMORE | N/ | | | | | | |
| Funeral | | 5. Social Security Number 6. S | ex 7. Ag | e (in yrs. lest bir | thdey) If Under 1 \ | rear If Under 24 h | | | 9. Birthple | ece (Stete or For | | | | |
| Director | | 220-86-6641 | ŽM 2□F | 32 | Yrs. | logs Hours IV | Aug 2 | 5, 1964 | Mary | | | | | |
| and and | | Usuel Residence of Decedent 10a. State 10b. County | | 10c. City, Tow | n or Location | * | | | 10 | d. Inside City Lir | | | | |
| Mary Fed sh | to | Maryland N/A | | Ba1t | imore | | 1 XYes 2 | | | | | | | |
| or 28a | Director | 10e. Street end Number | | | 10f. Zip Co | ode | | 10g. Citizen of V | Vhet Count | ry? | | | | |
| permit. Fages I and 2 should be lied within 72 hours after death with the Maryland Department of Health and Mantial Hygiane. Department of Health and Mantial Hygiane. Department of Health and Mantial Hygiane. Any injury or other traumetic event, the Medical Examiner must be notified at ance. | | 3438 Roland A | venue | | 2 | | U.S.A | | | | | | | |
| terns terms | Funeral | 11. Marital Stetus | 12. Wes Decedent I Armed Forces? | | 13. Was Decedent If Yes, specify | t of Hispanic Origin? Cuben, Mexican, Pu | (Specify Yes or No Jerto Rican, etc.) | pecify Yes or No- Pican, etc.) 14. Race - Bleck, N | | | | | | |
| or i | by F | 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☒ Divorced | 1 ☐ Yes AXXII If Yes, Give Year or Detes: | No. | 1 ☐ Yes 2 🖸 | No Specify: | | | Whit | | | | | |
| stural cal E | | 15. Decedent's Ed | ucation | 16a. | Decedent's Usuel O | ecupetion | | | | | | | | |
| Ned . | Completed | (Specify only highest gre- Elementary/Secondery (0-12) | de completed) College (1-4or 5 | (4) | Decedent's Usuel O (Give kind of work of life. DO NOT use r | done during most of retired) | working | orking 16b. Kind of Business/Industri | | | | | | |
| Agian Per the | Com | 12 | Oollogo (1 401 o | ., | Roofe | er | | Roofers, Inc | | | | | | |
| d oth | Be | 17. Fether's Neme (First, Middle, Last) | 0 P | | | | Neme (First, Middle | , Meiden Sumem | Θ) | | | | | |
| d Mar narke | To | | es C. Ree | | | | Keeney | | | | | | | |
| 7 is n | | 19e. Informent's Neme/Reletionship (7 | | | . Mailing Address (S | | | | | | | | | |
| Heal Hern 2 other | | Mary Reeves 20e. Method of Disposition | (Mother) | 20b. Place of | 3438 Rolar Disposition (Name of | of | Dete | 20c. Location - | | | | | | |
| age ento ry or | | 1 Burial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specify | Removel from State | | y, cremetory or othe Ridge Ce | | 6/5/97 | Pikesvi | 11e, 1 | Maryland | | | | |
| oortar / inju | | 21. Signeture of Funerel Service Licen: | | | | ddress of Fecility | | | | | | | | |
| Depa impol any ir | | 1 a along | Seit h | | A. Ala | n Seitz, oland Ave | Jr. Funer | ral Home | · · · · · · · · · · · · · · · · · · · | 1 010 | | | | |
| physician and s the bunal-transit | dicai Examiner | Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest | c | | consequence of): | | | | | | | | | |
| and the attending of datached for use as t | Physician/Mec | Pert fl. Other significent conditions co | d. | ut not reculting in | a the underlying equa | na airea in Day I | 22h Did | tobacco uee cor | l l | the sauce of de | | | | |
| d by the atached | by Phys | | | . tiot rooming n | The underlying odds | o givoir iii i oii i. | | Yes 2□ No | | | | | | |
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| certificate has been signerector, page 2 should be d | Be | Mes 2 No 27. Menner of Deeth | 1 Inpatie | | tpetient 3□ DOA | 4 LI Nursin | g Home 5 ☐ Res | | | AT SC | | | | |
| been signe should be | ဥ | 1 ☐ Naturel 5 ☐ Pending | 28e. Date of Injur (Month, Day | | | fnjury et Work? 1 ☐ Yes 🏋 № | 28d. Describe how injury occurred unknown | | | | | | | |
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| i Director. Alto this certificate has been signed on by the Inneral director, page 2 should be d | ဥ | 2 Accident 3 Suicide 4 Homicide | building, etc | | | | | | | | | | | |
| Funds after the Line of the Line Line | Certification: To | 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide 29a. Certifier 1 ☐ Certifying Phy | found in received | ear of bu of my knowledge examination and | , deeth occurred et ti | | | | | | | | | |
| nurs alegan. An and an Director: An | ဥ | 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only 2F Medical Exem | found in relationships of the found in relationships of the best of the found in relationships o | ear of bu of my knowledge examination and | , deeth occurred et to d/or Investigetion, in | | | | end due to | the cause(s) | | | | |
| Funds after the Line of the Line Line | edical Certification: To | 2 Accident 3 Suicide 4 Homicide 29a. Certifier (Check only one) Check only one) | found in relationships of the found in relationships of the best of the found in relationships o | ear of bu of my knowledge examination and | , deeth occurred et the discourse det the discourse deep the deeth occurred et the discourse d | my opinion, deeth o | | date end plece, | end due to | the cause(s) | | | | |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Day **Physician** May 29, 1997 Amber SHREWSBURY 10:45 pm /Medical 4a. Fecllity Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Franklin Square Hospital Center Rosedale If Under 24 Hrs. Baltimore If Under 1 Year 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 7 Months Min. 1 M 2 TF Hours NA Director May 22,1997 Maryland Usual Residence of Decedent with the Marylend 10e. State 10b. County 10c. City, Town or Location must be notified at 10d. Inside City Limits Director 1 Yes XX No Maryland Baltimore Essex 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? or items 23a or 1616 Frenches Avenue 21221 U.S.A. Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever In U,S. Armed Forces? 14. Race - American Indien. the Medical Examiner Bleck, White, etc. efter 1 Yes 2XX 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes No Specify: Specify: White A filed within 72 hours 3 Widowed 4 □ Divorced natural', Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 end 2 should be filed with Department of Health and Mentel hygiens important: if item 27 is marked other the any injury or other treumetic event NA N/A N/A 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be 2 Rodney Lee Shrewsbury Ruthie Virginia Jasper 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ruthie V. Jasper/Mother 1616 Frenches Ave., Essex, Md. 21221 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State ↑ Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Woodlawn Cemetery 6/3/1997 Baltimore, Md. 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Eastern Ave./21224 Son Inc. Charles S. Zeiler & 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. Interval Between Onset and Death **Physician** Immediata Ceuse (Final disease or condition resulting in death) /Medical Sepsis 2 Days Examiner Due to (or as a consequance of): Examiner Extreme Prematurity 7 Days the death certificate be executed physician and s the burial-trans Sequentially list conditions, if any, laading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Dua to (or as e consequence of) Box 68760, Physician/Medical Due to (or es e consequence of): as ettending p 950 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 23b. Did tobacco use contribute to the cause of death? P.O. the signed by t 1 Yes 2 No 3 Probably 4 Unknown Maternal Pre-eclampsia Records, ð The lew requires 24b. Were eutopsy findings evailable prior to 24e. Was an eutopsy performed? Completed рееп completion of cause of death? pege 2 : has 1 ☐ Yes 2 ☐ No certificate 1 Yes **Division of Vital** Be 25. Was case referred to medical examiner? 26. Place of Death (Check only ona) Hospital: Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No P 1 Inpatient 2 ER/Outpatient 3 DOA his 28a. Date of Injury (Month, Day Year) uneral 27. Manner of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Medical Certification: 5 Pending investigation Attending 1 Naturel 2 Accident 1 Yes 2 No death. Director: A 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28a. Placa of Injury - At home, farm, street, factory, office building, etc. (Spacify) or A 4 Homicida 15 Certifying Phyalclan: To the best of my knowledge, death occurred at tha tima, dete and piece, and dua to tha causa(s) and mannar as statad.
2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and piace, and dua to the causa(s) and manner stated. 29a. Certifier (Check only one) 29d. Date signed (Month, Day, Year) 29b. Signature and title of cartifier 29c. License number DHa8dl D22511 May 29, 1997 30. Name and addrass of person who completed cause of death (Item 23a) (Type, Print) Sita Kottapalli M.D. 9000 Franklin Square Drive, Baltimore, Maryland 21237 32 Regist To s Signature Rondall 31. Date filed (Month, Day, Year) State JUN 0 4 1997 Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Deeth 3. Time of Death Month **Physician** Filbert A. Shifflett 1439 may /Medical 4a. Facility Neme (If not institution, give street and number) 4b City Town, or Location of Deeth 4c. County of Deeth Examiner Boyview medical certer Baltimore City 7. Aga (In yrs. lest birthday) If Undar 1 Yaar 5. Sociel Security Number If Undar 24 Hrs. 8. Data of Birth (Month, Day, Yeer) Birthplece (Stata or Foreign Country) **Funeral** Deys XXM 2□ F 217-20-4123 Director 68 JUNE 15,1928 MARYLAND Usual Residence of Decedent 10a State 10b. Count 10c. City, Town or Location 10d. Inside City Limits show "natural", or items 23a or 28a-f show 1\ Yas 2□No Director N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 410 S. CHAPEL STREET 21231 U.S.A. Funeral 12. Wes Decedent Ever In U,S. Armed Forces?

1 Yes 2 No If Yes, Give Yaar or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours after of Hygiene. Ither than "natural", or item Winavar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2CXNo Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa retired) the Medical 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) College (1-4or 5+) Elementery/Secondary (0-12) PAINTER CONSTRUCTION is marked other 17. Father's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Pages 1 and 2 should be filt ment of Health and Mental Haart: If itsm 27 is marked oth ury or other traumatic even Be KYE H. SHIFFLETT MAGGIE M. ROBERTS 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) MARIE BERAN/SISTER-IN-LAW 601 S. CLINTON STREET, BALTIMORE, MD. 21224 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stete Date 1 X Kurial 2 Cremation 3 Ramoval from Stete permit. Page Department of Important: If any Injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) OAK LAWN CEMETERY 6/2/1997 BALTIMORE. MD. 22. Name end Address of Fecility 21224 CHARLES S. ZEILER & SON INC. 6224 EASTERN AVE. Enter the disease of complications that causad the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart failure. List only one ceuse on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Final Brainsten 28 HOURS disaase or condition resulting in deeth) STROKE Examiner Due to (or es e consequence of) Examiner , Post operation from cervical asteophyte removed Sequentially list conditions, if eny, leading to Immediete cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in daeth) Last Due to (or as a consequence of) Box 68760, Physician/Medical 2 Dua to (or as e consequence of) Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? o 1 Yes 2 No 3 Probably 4 Unknown Anterior cervical aspeophyte from cervical Records, 9 24b. Were eutopsy findings availebla prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? spine arthritis, airway obstruction, 1□ Yes 2☑No 1 Yes 2 No dysphasia tracheostomy Division of Vital 25. Wes case refarred to medical exeminer? Be 26. Plece of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Othar (Specify) Certification: To 27. Manner of Death 28a. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 5 Pending 1 Yes 2 No Invastigetion 2 Accident after death Director: 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Sulcide 6 ☐ Could not be 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homleide 6 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner es steted. 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigation, In my opinion, deeth occurred et the time, data end piece, end due to the cause(s) end menner stated. 2 å To the 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 1997 Mregory M. Malduno, M.D.

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) N8225 may 29 600. N. Wolfe Street, Baltimore, MD 21205 State Registrar

and the section for several section of the section

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM#19b PER F.H. FLM\$G748 6/4/97 J.A. Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 0110 [ve/ down cility Neme (if not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Daeth EMORIAL MOVITAL KALTIMORE /A UNION 5. Social Security Numbe If Under 1 Year If Under 24 Hrs. 8. Date of Birth Month, Day, Year FEB. 6, 1903 7. Age (in yrs. iest birthday) 9. Birthpiace (State or Foreign Months Deys Hours MARYLAND 213-10-6418 94 Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits BALTIMORE N/A 1 Yes 2 No 10e. Streat and Number 10f. Zip Code 10g. Citizen of Whet Country? 4100 N. CHARLES ST. APT. 407 21218 USA 12. Wes Decedent Ever in U,S Armed Forces? 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. Black, Whita, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ Mo 1 ☐ Yes 2 ☐ No Specify: Specify: WHITE 3X Widowed 4 ☐ Divorcad Year or Dates: 16a. Decedant's Usual Occupation (Give kind of work done during most of working iffe. DO NOT usa ratired) 15. Dacedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiamantary/Secondary (0-12) Coilege (1-4or 5+) MUSIC TEACHER 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) GLICKMAN BESSIE UNKNOWN ROBERT 19b. Mailing Addrass (Street end Number or Rurei Route Number, City or Town, State, Zip Code)
11345 PULASKI ALWHWAY, NO. 64 WHITE MARSH, MD 19e. Informent's Name/Relationship (Type, Print) 11345 PULASKI AIWHWAY, NO. 64 DEE LAMBERT (FRIEND) 21162 HIGHWAY 20b. Place of Disposition (Neme of 20a. Method of Disposition Date 20c. Location - City or Town, State cemetery, cremetory or other piace) Burial 2 Cremetion 3 Removal from State BALTIMORE HEBREW 6/1/97 BALTIMORE, MD 5 Other (Specify) 22 SOL PROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 hat caused the daath. Do not enter the mode of dying, such as cardiac or respiratory arrest, on each line. Approximete terval Betwa Onset and Death Immediata Cause (Final disease or condition resulting in death) Ledge ears. Sequentially list conditions, if any, laading to immediata causa. Enter Underlying Cause (Diseese or injury that initiated avants resulting in daeth) Last Dua to (dr as a consequence of) Due to (or as a consequence of) Part II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to complation of cause of death? 24e. Was an autopsy performed? 2 No 1 ☐ Yes 20 No 1 Yes 25. Was case rafarrad to medical exeminar? 26. Placa of Daath (Check only one) Hospitai: 1 Mnpatient 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpetient 3 DOA Manner of Daath 28h Time of 28d. Describe how injury occurred 28e. Data of Injury (Month, Dev Year) 28c. Injury at Work? 5 Pending investigation 1 Natural

1 Yes 2 No

Certifying Phyalcian: To the best of my knowledga, death occurred et the tima, data end piace, and due to tha cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated.

28a. Piace of injury - At homa, farm, straet, factory, office building, etc. (Specify)

cause of death (Item 23a) (Type, Print)

28f. Location (Street end Number or Rurei Route Number, City or Town, Stete)

29d. Dete signed (Month, Day, Year)

Physician /Medical Examiner

Physician

/Medical

Examiner

MD

Director

Funeral

à

Completed

Be

2

Funeral

Director

Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinar mant be notified at

permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hyglene. In flem 27 is marked other than "natural", or her any injury or other trainment.

Baltimore, Maryland 21215-0020

with the Maryland

death

Physician/Medical Examiner 9 à Completed 89 Certification: To

2 Accident

3 Suicide

29a. Certifier

4 Homicide

(Check only one)

29b. Signature and title of certific

6 Could not be detarmined

Records, P.O. Box 68760 affecting as B **page 2** after deat Director: hours a 24

> State Registrar

Medical

\$164

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3 Time of Death Month Physician Year Thomas Thomas Joseph

4e. Fecility Name (If not institution, give street end number) Scheide May 30 1997 /Medical 3:08 AM 4b. City, Town, or Location of Death 4c. County of Death Examiner 510 Limerick Circle # 204 Timonium Baltimore 5. Social Security Number 6 Sex If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthdey) Funerai 8. Date of Birth (Month, Dev. Year) Birthplece (State or Foreign Country) 1120 M 2□ F Months Days Hours Yrs. Director 60 215-34-6331 April 16, 1937 Maryland Usuel Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Maryland Baltimore Timonium 1 ☐ Yes 2 ☐ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 23a or 510 Limerick Circle # 204 21093 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes: or items 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 72 hours after 1 Never Married 27 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: p Specify: 3 Widowed 4 Divorced "natural", White Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nant of Health and Mantal Hygiene. nnt: If Item 27 is marked other than " ary or other traumatic event, for Ma Elementary/Secondary (0-12) College (1-4or 5+) 12 Director of Marketing A.A.A. Division 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) James William Scheide Gertrude Williamson 19a, Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mrs. Carolyn M. Scheide (Spouse) 510 Limerick Circle # 204 Timonium, Maryland 21093 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State permit. Pages 1
Department of H
Important: If Ite
any Injury or ott 1 ☐ Burial 2 X Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 5/31/97 Towson Maryland Hilltop Service Corp. 21. Signature of Furtiral Service Licens 22. Name and Address of Fecility
Ruck Towson Funeral Home, Inc. lekke 1050 York Rd. Towson, Md. 21204 23a. Part1. Enter the disease, or the cations that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heer failure. Link only one ceuse on each line. Approximete Interval Between Onset end Deeth **Physician** Colon Concer /Medical Immediete Cause (Final Metastatic disease or condition resulting in death) Examiner Due to (or es a consequence of) Examiner that the death certificate be executed physician and the burial-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Box 68760, Physician/Medicai Due to (or as a consequence of) attanding p P.O. Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by should be datac 1 Yes 2 No 3 Probably 4 Unknown Records, þ The law requires 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24a. Wes an autopsy performed? has a 2 paga certificata 1 ☐ Yes 2 ☐ No Division of Vital i or Attending Physicien: after daath. Director: After this certifica director, Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home Certification: To Residence 6 Other (Specify) 28a. Dete of Injury (Month, Dey Year) funeral 27. Manner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Naturel 2 ☐ Accident 5 Pending 1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) à 4 Homicide Medicai 29a, Certifier Countying Physician: To the best of my knowledge, death occurred et the time, dete and plece, end due to the cause(s) end menner es stated.

Countying Physician: To the best of my knowledge, death occurred et the time, dete end place, end due to the time. et: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) To the 29b. Signature and 29c. License number 29d. Date signed (Month, Dey, Year) DSU 859 3019 30. Neme and address of pleted cause of death (Item 23e) (Type, Print)

32. Registrar's Stiffnature Randall

DHMH 16 Rav 6/95

State Registrar

31. Date filed (Month, Day, Yeer) JUN 0 4 1997

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Mai /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deat Examiner Bayview Medical Johns Hopkins
5. Social Security Number 6 Under 2 8. Date of Birth (Month, Day, Year) Nov. 30,1914 Nebraska more 7. Age (In yrs. last birthday) 9. Birthplace (Stata or Foraign Country) **Funeral** Days Min. 100 M 2□ F Months Hours Director 076-24-6577 Usual Residence of Decedent 10a. State 10b. County 10d. Inside City Limits 10c. City, Town or Location 28a-f show 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be multified at 1 ☐ Yes 2 No Director Maryland Baltimore Dundalk 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21222 8203 Watersedge Road United States Funeral 14. Race - American Indian, Black, Whita, etc. 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Ricen, atc.) permit. Peges 1 and 2 should be filed within 72 hours effer. Department of Health and Mental Hygiene. Important: if flem 27 is marked other than "natural", or ital any injury or other traumatic event 1 Never Married 2 Married 1 Yes 2 XNo p 3 Widowed 4 □ Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 11 Years Navy 18. Mother's Name (First, Middla, Meiden Sumame) 17. Father's Name (First, Middle, Last) Be Helen Coker Hugh Elija Stine. Sr. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dundalk, Maryland 7737 Charlesmont Road Nancy C. Hahner/Daughter 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) Oak Lawn Cemetery 5/31/1997 Baltimore. Maryland 21. Signatura of Funeral Service Licensae 22, Name and Address of Facility
Duda-Ruck Funeral Home of Dundalk, Inc. sknuch 7922 Wise Ave Dundalk, MD 23a. Part / Enter the disease, or complications that caused the death. Do not enter tha moda of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Preumoni 2 weels Examiner Due to (or es a consequence of): physician end the buriel-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated events resulting In death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. the 23b. Did tobacco use contribute to the cause of death? Insulin dependant diabetes 1 ☐ Yee 2 ☐ No 3 Probably 4 ☐ Unknown by 24b. Were autopsy findings available prior to completion of ceuse of deeth? 24a. Was an autopsy Completed 1 Yes 2 No certificete 25. Was case referred to medical exeminer? Be 26. Plece of Death (Check only one) Hopkins Bay-1 Yes No Hospital: Other: 4 Nursing Home 5 Residence 6 Nother 1 hpatient 2 ER/Outpatient 3 DOA Medical Certification: To SILL view M. C. 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 1 Neturel 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

i certifying Physician: To the best of my knowledga, death occurred at the time, date and placa, and dua to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

Box 68760. of Vital Records, P.O. vision

the Maryland

Baltimore, Maryland 21215-0020

Registrar

4 Homicide

(Check only one)

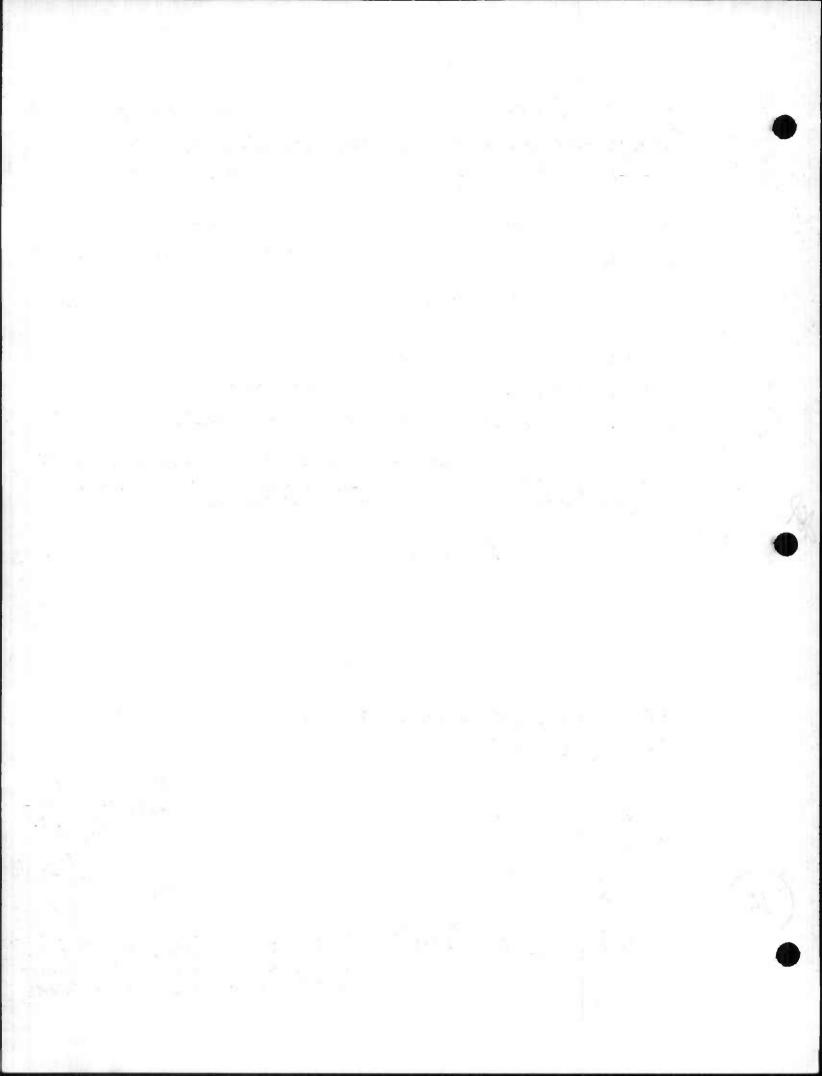
29b. Signatura and title of cartifian

29a. Certifier

ienwert

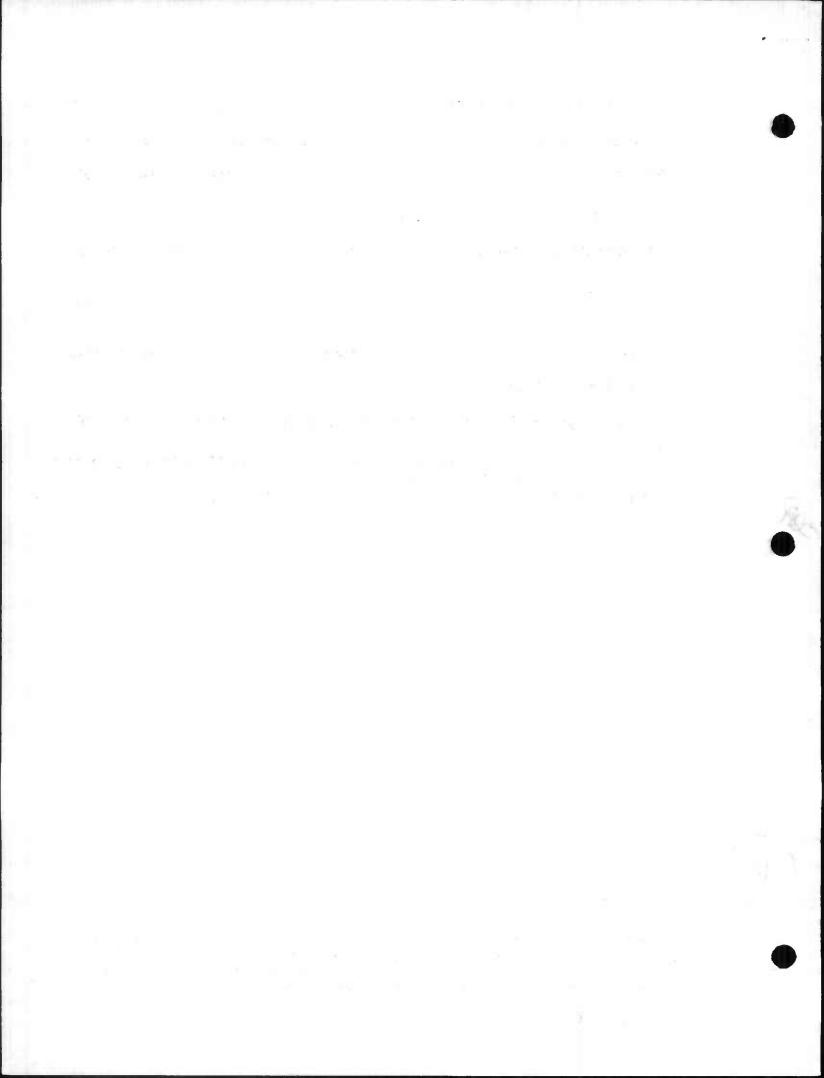
son who completed cause of death (Item 23e) (Type, Print)

950008 Johns Hopkins Bay view medical Center 4940 Eastern A Venue Balto Md 21224



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 2. Dete of Deeth Month Dev Yeer

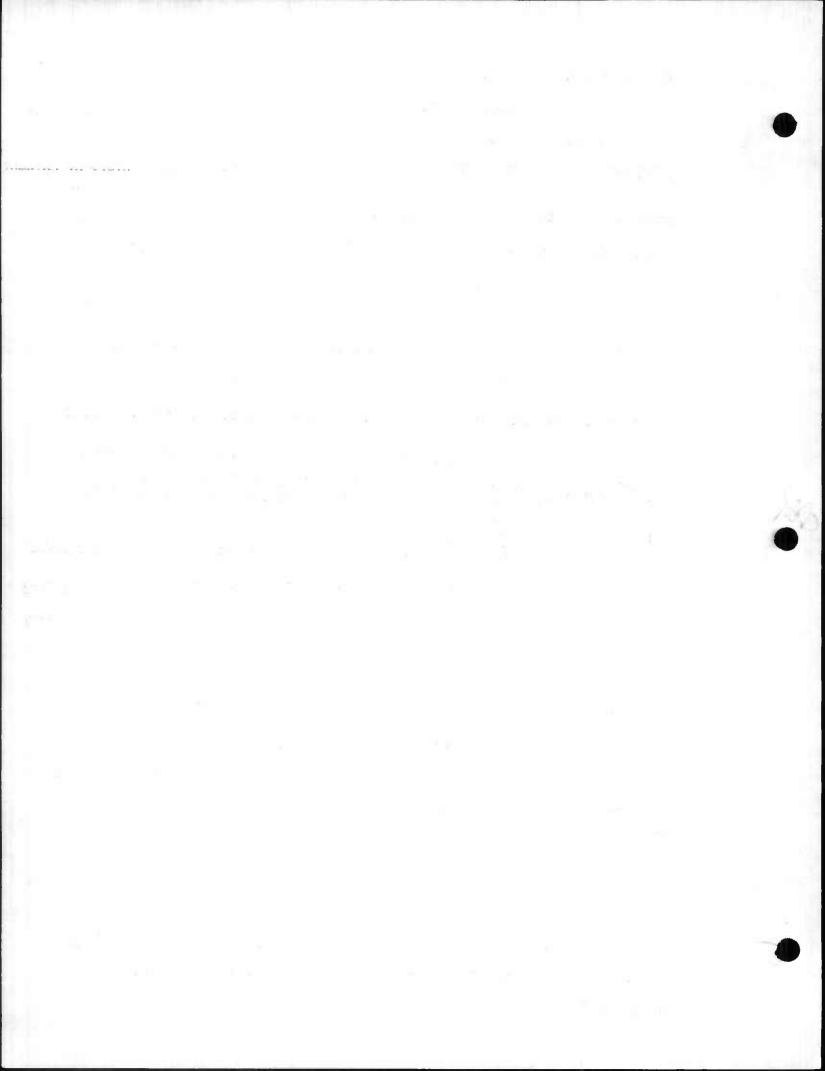
| | | | | | | Cert | tificate | of L | Death | | | Reg. No. | | 101 | 3/6 |
|------------|--|-----------------|--|---|---|----------------------------|--|-----------------|--|---|--|--|---------------------------|---|-----------------------------------|
| | Ob ala | | 1. Decedent's Name (First, Middle, La | st) | | | | | | | 2. Dete of De | eth | Vane | 3. Time | e of Death |
| ı | Physic /Medi | | Charles | Franklin | Storke | <u> </u> | | | | | June | 1 Dey | 1997 | 12: | :00 am |
|) | Exami | | 4e. Fecility Neme (If not institution, give | e street end number) | | | | 4 | b. City, Tow | n, or Loc | ation of Deet | h 4c. Count | y of Deeth | | |
| | | | Cromwell Cente | | | | | | Bayn | - | | | ltimor | | |
| | Funeral Director | | 5. Sociel Security Number 6. S 213-16-5109 | 9x 7. Ag | e (In yrs. lest t | Yrs. | Months [| Year Deys | If Under 2 Hours | Min. | 8. Dete of Bir (Month, De August | th ey, Year) 14,1906 | 9. Birthpi Count Ma | ryla | nd |
| | show | | 10e. Stete 10b. County | | 10c. City, To | | | | | | | | 10 | od. Inside | e City Limits |
| | e Ma | ctor | Maryland N/A | | Balt | timor | e | | | | | | | 1 X) Y | res 2□No |
| | 23a or 24 | al Director | 3411 East North | ern Parkwa | y | | 10f. Zip Co | ode 206 | | | | 10g. Citizen of United | | | |
| 21215-0020 | 72 hours after deeth with the Maryland natural, or items 23s or 28s-f show diest Expriner must be neutred at | by Funeral | 11. Meritel Stetus 1 Never Married 2区 Married 3 Widowed 4 Divorced | 12. Wes Decedent Armed Forces? 1 \(\subseteq \text{Yes} \) 2 (\(\mathbf{X} \) If Yes, Give Yeer or Detes: | - 11427 | lf. | es Deceder Yes, specify | Cube | f Hispenic Origin? (Specify Yes or Nuben, Mexican, Puerto Rican, etc.) Specify: | | | 14. Reca - American Indien, Bleck, White, etc. Specify: White | | | |
| 5-0 | in 72 hours | Completed | 15. Decedent's Ed (Specify only highest gre | | 16 | e. Decede | ent's Usuel (ind of work of O NOT use | occupi | etion furing most | of workin | g | 16b. Kind of B | usiness/Ind | Justry | |
| 121 | | dm | Elementery/Secondary (0-12) | Coliege (1-4or | 5+) | | o <i>NOT</i> use aftsm | |) | | / | Con | per Wo | onke | |
| | Hygin at. | | 12 17. Fether's Neme (First, Middle, Last) | | | יוט | artsiii | d II | 18 Mother | 's Nama | (First Middle | | | JI.K2 | |
| Maryland | S is b > | o Be | Charles B. | Storke | | | | | | her's Neme (First, Middle, Meiden Sumeme) ottie Ensor | | | | | |
| N Z | d 2 should b th and Ments 7 is marked traumatic e | T _o | 19e. Informent's Neme/Reletionship (| | 19 | 9b. Meiling | Address (S | Street | and Number | or Rural | | er, City or Town | State. Zlo | Code) | |
| | nd 2 | | Mrs. Susan Reynol | | | | South | | | | | lletown, | | 1970 | 9 |
| Baltimore, | T item | | 20e. Method of Disposition 1 X Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specification of the control | | cemet | tery, creme | ition (Neme etory or othe | r plec | θ) | 6 | Dete | 20c. Location | - City or To | | |
| A Eir | | | 21. Signeture of Funerei Service Lican | | 7avovn | 22. | Cemete Neme end | | s of Fecility | | /4/97 | Baltimo | re, m | aryı | anu |
| B | Departin Importa any inju | | > maileT-2 | Platk 1. | Zavoyii | t | Leonar | d . | 3. Ruc | k, I | | more, M | lary1a | nd 2 | 1214 |
| 68760, | Physician Medical Examine | edical Examiner | Immediate Cause (Finei disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest | b. Ds | Due to (or es e | a consequence consequence | enca of): | | nonia | ? | | | | la | R , |
| x 68 | artifice ing ph e as th | 2 | | | | | | | | | | | | | |
| Bo | death ce e ettendi | lan/ | | O | | | | | | | | · · | i | | |
| 0 | the de by the e | Physician/ | Pert II. Other significant conditions of | ontributing to death b | ut not resulting | in the und | derlying cau | se give | en in Pert I. | | 23b. Dld | tobacco uee co | ontribute to | the cau | se of death? |
| 0 | \$ 9 B | by Ph | | | | | | | | | 10 | Y 2 2 000 | 3 Prob | ably 4 | l 🗌 Unknown |
| Records, | e law requires has been sign je 2 should be | Completed | | | | | | | | | | en eutopsy ormed? | con | ere eutopo eilable pri mpletion o deeth? | sy findings for to of cause |
| | The ate h | Con | | | | | | | | | 10 | Yes 2 No | 1□ | Yes 2 | 2□ No |
| of Vital | Physician: The this certificate ral director, pag | Be | 25. Wes case referred to medical examiner? | | | | | | 28. Plece | of Death | (Check only | one) | | | |
| of \ | hysic this c | 2 | 1 ☐ Yes 2 No | | ent 2 ER/C | | - | Othe | 4LX Nur | | | denca 6 □Otl | | 1) | |
| ois | The second | ation | 27. Menper of Deeth 1 Neturel 5 Pending 2 Accident investigation | | 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury Work? M 28c. Injury at Work? 1 Yes 2 No | | | | | | 8d. Describe | how Injury occu | rred | | |
| Ž | Diagon and a second | Certificat | 3 Suicide 6 Could not be determined | 286. Pieca of inj | ury - At home, to. (Specify) | farm, stree | et, fectory, o | ffice | | 28 | 3f. Location (City or To | Street and Num wn, Stete) | ber or Rura | l Route N | lumber, |
| | To the Hosp within 24 lite To the Fund complete vill | edical | 29e. Certifier (Check only one) Certifying Physics Medical Example (Check only one) | ysician: To the best liner: On the basis o end menner st | exemination a | ge, deeth o end/or inve | estigetion, in | he tim my or | e, date end pinion, deeth | piece, er occurre | nd due to the d et the time, | ceuse(s) end m date and plece, | enner es st and due to | eted. the caus | ie(s) |
| | To the To the Complex | M | 29b. Signature en title of cartifier | 7/1 | | / | 29c. L | icense | number | | | 29d. Dete signe | d (Month, L | Day, Yea | r) |
| | 0 | | Charis L. le | keen - | 4 | M | - 1 |)2 | 55E | 59 | | ,61 | 29 | 7 | |
| | 8 | | 30. Neme end eddress of person who | completed cause of d | eath (Item/23a | (Type, P | ring area | _ | 11 | C | 100 | 1/0 | 1/2 / | 11- | 1024 |
| | - | | // | mann, | 5. 19 | 1 | 1840 | 6 | Mar) | ord | ad. | 10al | 10.11 | 4.2 | 1654 |
| | Sta | ite | 31. Dete filed (Month, Dey, Year) | 32 Registr | ar's Signeture | 200000 | 2 | | | | / | | | | |



State of Maryland / Department of Health and Mental Hygiene 0.7

| _ | | | 11E1970 FER F. H. FLM#G/40 0/4/9/ J.A. | te of Death | | ig. No. | 16011 | | | | | | | | |
|------------------|--|--|---|--|---|--|---|--|--|--|--|--|--|--|--|
| | Physic | ian | 1. Decedent's Name (First, Middle, Last) | | 2. Dete of Deetl Month | Day Year | 3. Time of Deeth | | | | | | | | |
| | /Medi | | | nifflett | May 3 | | 9:25 AM | | | | | | | | |
| 7 | Exami | ner | 4e. Fecility Neme (If not institution, give street end number) | 4b. City, Town, or L | | 4c. County of Deet | | | | | | | | | |
| Н | | | Memorial Hospital @ Easton 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) If Und | Easton er 1 Year If Under 24 Hrs. | 2 Date of Birth | Talk | | | | | | | | | |
| | Funeral Director | | 217-12-6122 | | 8. Dete of Birth (Month, Day, May 6, | 1924 Dis | hplece (Stete or Foreign unity) tr of Columbia D.C. | | | | | | | | |
| | ye w | | 10e. Stele 10b. County 10c. City, Town or Location | | | WASII | 10d. Inside City Limits | | | | | | | | |
| | Man | to | Maryland Talbott St. Michaels | | | | 1 Yes 2 □ No | | | | | | | | |
| | h with the | Funeral Director | 10e. Street end Number 113 Mitchell Street (Apt 6 B) | 21663 | 10 | Og. Citizen of Whet Co | untry? | | | | | | | | |
| 21215-0020 | within 72 hours effer death with the Maryland ene. than "natural", or items 23e or 28e-f show ha Medical Examiner must be notified at | by | 11. Maritel Status 12. Wes Decedent Ever In U,S. Armed Forcas? 1 □ Never Merried 2 □ Married 1 □ Yes 2 ☑ No | edent of Hispenic Origin? (Specify Cuben, Mexican, Puerlo 2 No Specify: | pecify Yes or No- p Rican, etc.) | 14. Rece - Ame Bleck, White Specify: Wh | | | | | | | | | |
| 5-0 | 72 hours "natural", adical Exe | Completed | 15. Decedent's Education 16e. Decedent's Us (Specify only highest grade completed) (Give kind of v | uel Occupetion | kina | 16b. Kind of Business/ | Industry | | | | | | | | |
| 121 | d within 72 ho piene. r than "natur pre Medical | nple | College (1-401 5+) | vork done during most of work use retired) | , , , , | 0 | | | | | | | | | |
| | TT 100 M. But 100 | | | sewife | | Own Home | | | | | | | | | |
| Maryland | B ta b s | Be | 17. Fether's Neme (First, Middle, Last) | 18. Mothers Nam | ne (First, Middle, M Unk | faiden Sumeme) | | | | | | | | | |
| Ž | d 2 should but an end Menta 7 is marked traumatic even | 7 | Unk 19a. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Addre | an (Circuit and Number of Du | | Office Town Control | En Oudel | | | | | | | | |
| Ma | d 2 s h er 7 is | | | ss (Street end Number or Ru ine Street, B | | | | | | | | | | | |
| ē, | - 4 5 5 | | 20e. Method of Disposition 20b. Place of Disposition (N | eme of | | 20c. Location - City or | | | | | | | | | |
| Baltimore, | Pege net o int: if | | 1 N Burlel 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) Gate of Heave | en Cemetery | 6/4/97 | Silver Spr | ing, Md | | | | | | | | |
| Ba | Departi Departi Importa any inju | | A. A. A. | end Address of Fecility lan Seitz, Jr Roland Avenu | . Funera e, Balti | 1 Home more, Md 2 | 1211 | | | | | | | | |
| | | | 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the meshock, or heart failure. List only one cause on dach in a. | | | | Approximete Intervel Between | | | | | | | | |
| 1 | Physician | | Onset end | | | | | | | | | | | | |
| | /Medical Examiner | disease or condition resulting in death) Due to (or es e consequenca of): | | | | | | | | | | | | | |
| | | - e | Due to (or es e consequenca o | 7): | 0 | | 0 V | | | | | | | | |
| | uted ansit | Examiner | b. CHRONIC OBS | TRUCTIVIZ | PULM | DIFFE | 512 /ears | | | | | | | | |
| ć | exection and and inel-tre | Exa | Sequentially list conditions, if any, leeding to immediate cause. Enter Undertying |). | | 1 | Yeare | | | | | | | | |
| 68760, | tificete be executed ig physicien and es the buriel-trensit | edical | thet Initieted events | | | | rears | | | | | | | | |
| 9 | = 00 | | resulting In deeth) Lest | , | | | | | | | | | | | |
| Вох | eath cert ettendin I for use | ar. | d | | | i | | | | | | | | | |
| | deat | sici | Pert II. Other significant conditions contributing to death but not resulting in the underlying | cause given in Pert I. | 23b. Did to | bacco use contribute | to the cause of death? | | | | | | | | |
| s, P.O | requires that the death cei seen signed by the ettendir hould be deteched for use | by Physician/N | GRAVE'S DISEASE | | 124 | 96 2 No 3 Pr | robably 4 Unknown | | | | | | | | |
| of Vital Records | 2 S C | Completed b | GRAVE'S DISEASE INTIMBLE BOWSL S | GUD ROME | 24e. Wes er perform | ned? | Were autopsy findings sveileble prior to completion of cause of deeth? | | | | | | | | |
| <u>د</u> | The lew ate hes t page 2 s | Con | | | 1 ☐ Ye | s 2000 | Yes 2√No | | | | | | | | |
| /ita | ysician: The second second director, page | Be | 25. Wes case referred to medical examiner? | | th (Check only one | 9) | | | | | | | | | |
| | Phys ral di | lon: To | 1 Yes 2 Alo Hospital: 1 Inpalient 2 FR/Outpetient 3 [27. Menner of Deeth 28a. Dete of Injury 28b. Time of Injury | OOA Other: 4 Nursing H | ome 5 Reside | nca 6 Other (Special Injury occurred | oify) | | | | | | | | |
| Division | or Attending after deeth. Director: After in by the fune | Certification: | 2 ☐ Accident investigetion 3 ☐ Suicide 6 ☐ Could not be determined 28e. Placa of Injury - At home, ferm, street, factor building, etc. (Specify) | 7/ | 28f. Location (Sti City or Town | reet end Number or Ru , Stete) | ral Route Number, | | | | | | | | |
| N | Hospin Funeral | edicai C | 29a. Certifier (Check only one) 1 Cartifying Physician: To the best of my knowledge, deeth occurre content of the basis of examination end/or investigation end/or investigation. | d et the time, dete and plece, on, in my opinion, deeth occur | , end due to the ca rred et the time, da | use(s) and manner as ate and placa, end due | stated. to the ceuse(s) | | | | | | | | |
| n | the state | Med | one memor detect. | 9c. License number | 29 | 9d. Date signed (Monti | h, Dey, Year) | | | | | | | | |
| | A3 E 8 | | Mana la Ma | DECOULD | | 5/211. | 27 | | | | | | | | |
| | N | | 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Eric Ciganek, MD, 219 S. Washington S | treet. Easton | , Maryla | nd 21601 | 17 | | | | | | | | |
| | | | | | ,, | 21001 | | | | | | | | | |
| | Sta Registr | | JUN 0 4 1997 JUN 0 4 1997 JUN 0 4 1997 JUN 0 4 1997 | | | | | | | | | | | | |

DHMH 16 Rav 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month **Physician** LACHE TERRA TOMPKINS 1:50 PM 0 /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BALTIMORE, MD MEDICAL CENTER MERCY If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 20 F Yrs BATIMORE MD Director unknown Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at 1 ☐ Yes 🏖 No Maryland Baltimore Direct 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8222 Streamwood Drive 21208 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Orlgin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Merital Stetus 14. Reca - American Indien, Black White etc 1 Yes 2 No
If Yes, Give
Yeer or Detes: 1 Never Merried 2 Married 1 ☐ Yes 2 ☒ No Black Specify: à 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) N/A permit. Peges 1 and 2 should be filt Depertment of Health and Mentel Hy Important: if Item 77 is marked oth any Injury or other traumatic event socia. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame, Perrence Tompkins Michelle Garrett 19e. Informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) unknown unknown 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 □ Donetion 5 ☑ Other (Specify) in-state 21. Signature of Futural Service Ligansee Wade 22, Name and Address of Facility State Anatomy Board, 655 W. Baltimore St. Director Dele Baltimre, Maryuland 21201 23a. Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth Physician Immediate Cause (Final disease or condition resulting in death) /Medical PREMATURITY 10 minutes Examiner Due to (or as a consequence of) Physician/Medical Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events Due to (or as e consequence of): Due to (or as a consequence of) resulting In deeth) Last 9SD Por Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown þ 24b. Were autopsy lindings available prior to completion of cause of death? 24e. Wes an eutopsy performed' 1□ Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was case relerred to medical 26. Plece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 inpatient 2 ER/Outpatient 3 DOA 2 After this 27. Menner of Deeth 1 Neturel 2 Accident 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Yes 2 No filled in by

Division of Vital Records, P.O. Box s offer death.
I Director: After to in by the funers To the Hospital within 24 hours To the Funeral I

with the Manylend

filed within 72 hours efter death

Saltimore, Maryland 21215-0020

6 Could not be determined 3 ☐ Sulcide 28e. Plece ol Injury - At home, Ierm, street, lectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 ☐ Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end manner es steted.
2 Medical Examiner: On the bests of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end menner stated. (Check only

29b. Signature and title of certifier

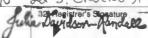
PEDIATRICIAN 29c. License number 29d. Date signed (Month, Dey, Year)

BARTIMORE MD 21201

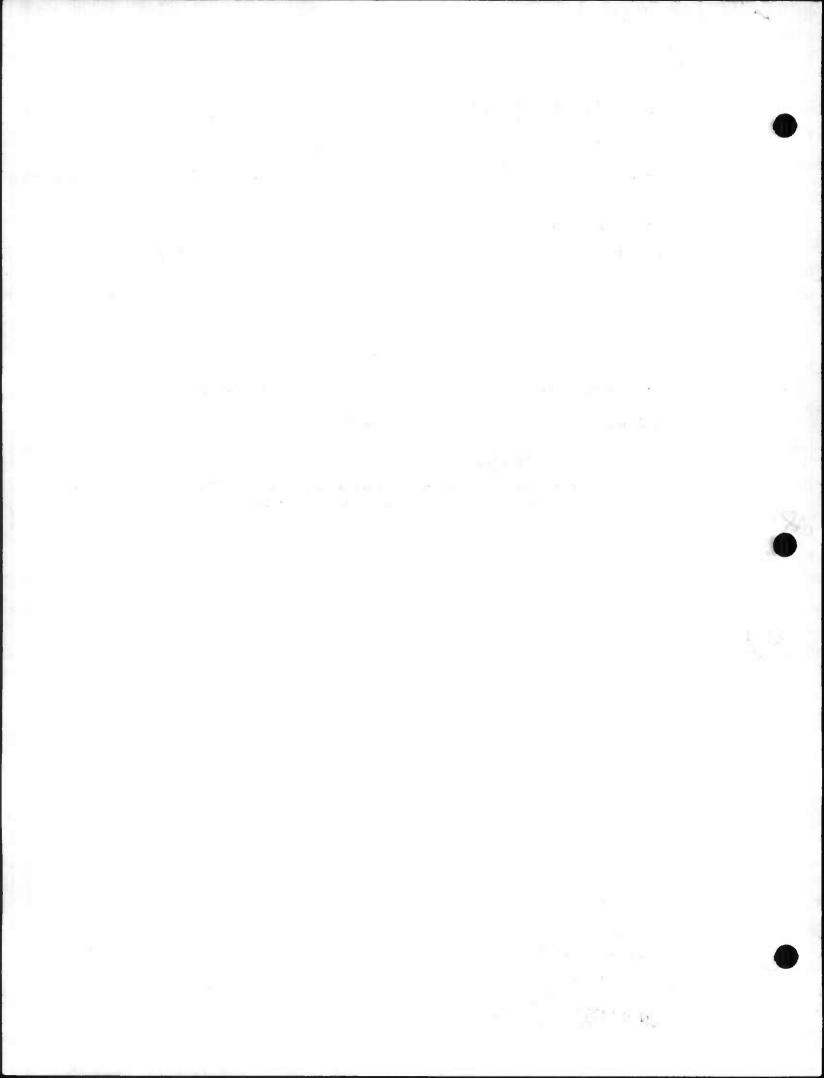
30. Name end eddress of passon who completed cause of deeth (Item 23a) (Type, Print)

22 5. GREENEST RANDAU W JOHNSON ROOM NSWS6

31. Dete filed (Month, Dey, Year) JUN 04 1997



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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physician** Month Yaar June 2, 1997 TAYLOR. 12:36 P.M John /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Franklin Square Hospital Center Rosedale Baltimore If Undar 1 Yaar | If Undar 24 Hrs. 5. Social Sacurity Number Birthplaca (State or Foreign Country) 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) Months Days Hours 1√2 M 2 □ F Yrs 214-42-8635 52 Nov. 3,1944 Maryland Usuai Rasidance of Decedant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas XXNo Harford Joppa Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21085 U.S.A. 604 Dembytown Rd. Funeral 12. Was Dacedant Evar in U.S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Race - Amaricen Indian, Riack. Whita, atc. Myas 2□No fŶas, Giva Yaar or Datas:Vietnam 1 Navar Marriad 2 Married 1 ☐ Yas 2 ☑ No Specify: Black ρ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Collega (1-4or 5+) 12th Foreman Bethlehem Steel 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nema (First, Middle, Maiden Surname) Be P. Harry Taylor Catherine Jones 19a. Informant's Name/Raiationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 604 Dembytown Rd. Joppa Md. 21085 Sharon L. Taylor 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 🛣 Cramation 3 ☐ Ramovai from Stata 4 □ Donation 5 □ Othar (Specify) Greenmount Crematory 6/ Balto., Md/ 21. Signatura of Funaral Sarvice Licensee 22. Nama and Addrass of Facility Hartley Miller Funeral Home 7527 Harford Rd. Balto., Md. Enter the disaasa, or complications that caused tha death. Do not antar tha moda of dying, such as cerdiac or respiratory arrast, or haan failura. List only ona causa on aach lina. Approximate Onsat and Death Hemoperitoneum from Tumor Posterior-Immediata Cause (Finel disaasa or condition rasulting in daath) Lateral to Anastomosis 6 Hours Due to (or es e consequança of) Examiner Sequantially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Causa (Disaasa or injury that initiated avents rasulting in daeth) Last Dua to (or as a consequence of): Physician/Medicai Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 □ Yes 2 No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? Completed 1 Yas 2□ No Be 25. Was cesa rafarrad to medical examinar? 28. Placa of Daath (Check only one) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) Certification: To 1 Yas 2 No 27. Mannar of Death 28a. Data of injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 Naturai 5 Panding 1 ☐ Yes 2 ☐ No invastigation 2 Accidant 6 Could not be datarminad 3 Suicida Location (Streat and Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 4 | Homicide Certifying Physician: To the best of my knowledge, daeth occurred at tha tima, data and place, and dua to the ceusa(s) and menner as stated.

2 Madical Examiner: On the basis of axamination and/or invastigetion, in my opinion, death occurred at the time, data and place, and dua to the causa(s) and mannar stated. 29a. Cartifiar Medicai (Check only one) 29b. Signature and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) umerwor June 2, 1997 30. Nema and addrass of person who complated ceusa of death (Item 23a) (Type, Print) Samuel Hammerman 9000 Franklin Square Drive Baltimore, Maryland 21237 31. Data filed (Month, Day, Yeer) 32. Ragistrar's Signature

State Registrar

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Funeral

Director

28a-f show

7 is marked other than "natural", or itema 23a or 28a-f shov treumatic event, the Medical Examiner must be notified at

permit. Peges 1 end 2 should be filed within 72 hours efter death v
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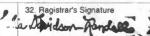
Division of Vital Records, P.O.

Maryland 21215-0020

Baltimore,

with the Maryland

JUN 041397



State of Maryland / Department of Health and Mental Hygiene

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| land | o pe o | To Be | RAVMOND BARZ | 204 | | Luci | 1 | 1000 | | |
| A Par | mark | F | 19a. informant's Name/Ralationship (Type, Pr | int) | 19b. Mailing Addrass (Street | | | or Town, Stata, Zi | ip Code) | |
| N Sp | 27.18 | | LUCRETIA KRIE | EGEL | 38 OLD F | ARM RD. | DEPEW | A. N.V. | 14043 | |
| ore, | them of the | | 20a. Mathod of Disposition | 20b. Pled | ce of Disposition (Nama of natary, crametory or other pi | lece) | Dete 20c. | Location - City or T | own, Stata | |
| Pages | ary or | | 1 Burial 2 ☐ Crametion 3 ☐ Ramov. 4 ☐ Donation 5 ☐ Othar (Specify) | al from Stata | ADALBERT | 73 | 1001 4 | INCASTA | ER. N.V. | |
| art art | y inj | | 21. Signature of Funeral Service Licensee | 11 11 | 22. Nema end Add | rass of Facility 2 | 829 Huz | ANCASTE DSON ST | -, , | |
| 20 25 | 5558 | | Thomas I | Ska la h | SKARDA | F.H. 3 | 4170. N | 10.212 | -24 | |
| 2 | | | 23e. Part1. Entar tha disease, or complication shock, or heart failure. List only one cau | s that caused the doubt. se on each line. | Do not enter tha moda of dy | ring, such as cardiac o | | | Approximate Interval Between | |
| 7 | Medical aminer | her | Immediata Causa (Final diseese or condition rasulting In death) | Seption of the lord | is a consequence of): | lia | | | | |
| X 68760, pertificate be executed | ding physician and se es the buriel-transit | Medical Examiner | edical | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants rasulting in death) Last | Dieb | s a consequence of): s e consequence of): | elliti | - - | | |
| ecords, P.O. Box law requires thet the death cer | igned by the ettendir be detached for use | by Physician/M | Date II Other Tariff and Add and Add | | | | Law articles | 1 | | |
| P.O. | achec | hys | Pert II. Other significant conditions contributi | A _ O | ng in the underlying cause of | jivan in Part I. | 1 Yee | | to the cause of death' | |
| S, Te | pe del | oy P | Dapels | Melli | lin | | | 2010 0011 | | |
| Vital Records, | been signal | pe | 11 01 0 1= | | | | 24a. Was an aut performed? | 91 | Vara autopsy findings vailable prior to | |
| Baw n | as be | Completed | Taboxio | mean | | | | C | omplation of cause of daath? | |
| E . | page page | Con | Denthal | Vancu | O a de | 410 | 1 🗆 Yas | 20 No 1 | ☐Yes 2☐No | |
| Vita | ertific ector, | Be | 25. Was casa refarred to medical examiner? | | | 26. Place of Death | (Check only ona) | | | |
| of Vita | this o | 2 | 1 Yas 2 No Hospite 27. Manper of Death 28s | 1 ☑ Inpatient 2 ☐ EF | Voulpatient 3L DOA | | ne 5 Residance | | ify) | |
| CO # | After | lou | 1 Natural 5 □ Panding | . Data of Injury (Month, Day Year) | Bb. Tima of 28c. Inj Injury M 1 | uryat ork? ⊒Yas 2 □No | 8d. Dascribe how inj | ury occurred | | |
| Division for Attending | ctor: | fical | 2 Could not be | Place of Injury - At home | | | 8f. Location (Street 8 | and Number or Rui | ral Routa Number | |
| Div | Dir. | Certification: | 4 Homicida | building, atc. (Specify) | a, farm, straat, factory, office | | City or Town, Sta | | | |
| To the Hospital | within 24 clouds sired boards. To the Funeral Director. The this certificate has completely filled in by the funeral director, page 2 | Medical C | (Check only 2 Medical Examiner: O | n tha basis of axamination | edga, daath occurred at tha n and/or invastigation, in my | tima, data and place, a opinion, daath occurre | nd dua to tha causa(d at tha tima, data a | s) and mannar as and place, and dua | stated. to the cause(s) | |
| o the | o the | Me | 29b. Signature end titla of certifiar | d menner steted. | 29c. Licer | nsa number | 29d. D | ata signed (Month) | , Day, Year) | |
| F3 | 5 - Ö | | · MOI | 0 1 | MT | D) (12 | 12 | 1/28 | 10,7 | |
| | | - | 30. Nama and addrass of person who complate | ed cause of death (Itam 2) | 3a) (Type, Print) | 2240 | | 1-6 | 1100 | |
| | | | MOTILIKALI | 11-17 3 | 710 PIVI | va H# | 1 c 1-e | more | ttug | |
| f | Sta | te | 31. Deta filed (Month, Day, Year) | 32. Ragistrar's Signatur | a Brode | 14-11 | | 1100 | 0140 | |
| 7-1 | Registr | ar | JUN 0 4 1997 | Juna vavid | OBIN-North | | | | | |

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedent's Nama (First, Middle, Last) 2. Date of Death 3 Time of Death Day **Physician** Matilda Summer Walls 3 1977 May /Medical 4:45a.m. 4a. Facility Nama (If not Institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Memorial Hospital at Easton Easton Talbot If Under 24 Hrs.
Hours Min.
1 5 5. Social Security Number If Undar 1 Yaar 6. Sex 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Birthplace (State or Foreign Country) Months Days 1□ M 25 F Yrs Director N.A. 0 May 3 1997 MD Usual Rasidence of Decedent 10a. State 10b. County 10c. City, Town or Location I marked other than "netural", or items 23e or 28a-f show traumatic event, the Modical Examiner main be not fied at 10d. Inside City Limits Director Caroline 1 ☐ Yas 2 ☑ No Federalsburg 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? pemil. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mental Hygiene. Important if item 27 is marked other than "netural", or farms 23e once. 2751 Lorraine Ave. Funeral 21632 USA 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Decedent Evar In U.S. Armad Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, atc.) 1 Navar Married 2 Married 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Dates: 1 ☐ Yes 2 ☒ No þ Specify Specify:Caucasian 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) N.A. N.A. N.A. N.A. 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be Michael Glenn Walls Susan Theresa Smith 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Susan Theresa Walls/mother 2751 Lorraine Ave. Federalsburg, MD 21632 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☑ Donation 5 ☐ Othar (Specify) 21. Signatule of Funeral Service Lice Ronal d 22. Name and Addrass of Facility State Anatomy Board, 655 W. Baltimore Street Director nans Baltimore, Maryland 21201 23a. Part 1. Entar tha disaasa, or complications that caused the death. Do not enter the moda of dylng, such as cardiac or respiratory arrest, shick, or heart failure. List only one causa on aach line. Approximata intervel Between Onset and Death **Physician** /Medical Immediata Cause (Final disease or condition resulting in deeth) me ma Examiner Examiner OVIDOMINIONI UNKNOWN Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avents resulting in death) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequenca of): Part ii. Other significant conditions contributing to death but not resulting in the underlying causa given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to complation of causa of death? Completed 24a. Was an autopsy 1 Yes 20 No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Piace of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 inpatient 2 □ ER/Outpatient 3 □ DOA 27. Manner of Deeth 28a. Dete of injury (Month, Dey Year) 28c. injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of After death.

Al Director: After to by the 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident investigetion 6 Could not be 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide edicai 29a. Certifier 🔯 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of certifier 29c. Licanse number 29d. Date signed (Month, Day, Year) 30. Name and address of person who 1005 Dutchuan's La Easton Md 21601 of deeth (item 23a) (Type, Print)

State Registrar

31. Date filad (Month, Day, Year) 0 4 1997

Richard

with the Maryland

Baltimore, Maryland 21215-0020

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Division of Vital Records, P.O.

The law requires that the death

Hospital or Attanding Physician:

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within 24 hours of To the Funeral C

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WOLFERMAN

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of M

| aryland / I | Department | of Health | and | Mental | Hygie | ne |
|-------------|-------------|-----------|-----|--------|-------|----|
| | Certificate | of Death | 7 | | Pen | No |

| Physician | |
|-----------|--|
| /Medical | |
| Examiner | |

RONALD WOLFERMAN 4a. Facility Name (If not institution, giva straat and number) 2. Data of Death Month

JUNE 01, 1997

4c. County of Death

10g. Citizan of What Country?

U.S.A.

0237

10d. Inside City Limits

Ves 2□No

602 S.EATON ST. 5. Social Sacurity Number Usual Rasidance of Decedant

1. Decedent's Nama (First Middle Last)

6. Sex 3∕CXM 2□ F 7. Aga (In yrs. last birthday) 50 Yrs. 10b. County 10c. City, Town or Location

BALTIMORE If Under 1 Year if Under 24 Hrs. Deys

4b. City, Town, or Location of Deeth

8. Data of Birth Month, Day, Year 946

9. Birthplaca (State or Foraign MARYLAND

Funeral Director

filed within 72 hours after death with the Maryland items 23s or 28s-f show ò "natural",

Baltimore, Maryland 21215-0020

Hygiana. other permit. Pegas 1 and 2 should be file Department of Haaith end Mental Hy Important: If Item 27 Is marked other any Injury or other traumatic event.

Director Be

Completed by Funeral

other traumatic event, the Medical Examiner

10a Stata

MD

10e. Street and Number 602 SOUTH EATON STREET 11. Marital Status

CITY

12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yes 2 2 No If Yas, Giva Year or Datas:

 Was Decedant of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Yes 2XNo Specify:

21224

14. Raca - Amarican Indian, Black, Whita, atc. WHITE

15. Decedent's Education (Specify only highast grade completed) Elementary/Secondary (0-12) College (1-4or 5+) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) DELIVERY

10f. Zip Coda

16b. Kind of Businass/Industry SUN PAPERS

17. Fathar's Nama (First, Middle, Last)

1 Navar Married 2 Married

3 ☐ Widowed 4 ☐ Divorced

CHRISTOPHER WOLFERMAN

VIOLET G. MENDE

6/4/97

19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda)

18. Mothar's Nama (First, Middla, Maidan Sumema)

19a. Informant's Neme/Ralationship (Typa, Print) CATHERINE FIELD

602 SOUTH EATON STREET 20b. Placa of Disposition (Name of cematary, crematory or other place BALTIMORE CEMETERY

BALTIMORE CITY

BALTIMORE, MD 21224 20c. Location - City or Town, State Data

20a. Mathod of Disposition

1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify)

BALTIMORE, MARYLAND

21. Signature 4 Funaral Service Licensaa

23a. Part1. Entury a disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or himst failure. List only one ceuse on each line.

22. Nama and Addrass of Fecility
CHARLES S. ZEILER & SON, INC.

901 SOUTH CONKLING STREET BALTO., MD Approximate Intervel Between

Physician /Medical Examiner

the buriel-trensit

80 for use

signed by the a

paga 2 certificata

funaral director,

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ours efter death.

pue

physician

or Attanding Physician: The lew requires that the death carlificate be executed

Box 68760.

P.O.

Division of Vital Records,

Physician/Medical Examiner

Completed by

Be

Certification: To

Medical

Sequentielly list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Disease or Injury that initiated avants rasulting in death) Last

Immadiata Causa (Final

disaasa or condition resulting in daath)

MA Due (or as a consequence of):

Dua to (or as a consequence of):

Due to (or es e consequence of):

Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2. No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Wera autopsy findings eveilabla prior to complation of causa of daath?

Onsat and Daath

1 Yas 2 No 26. Piece of Daath (Check only ona)

1 ☐ Yas 2 ☐ No

25. Was casa refarrad to medical axaminer? XX Yas 2 No 27. Mannar of Death

1 Natural

2 Accidant

3 Suicida

4 Homicida

5 Panding investigation

6 Could not be datermined

28a. Data of Injury (Month, Day Year) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Tima of

Othar: 4☐ Nursing Homa ★ Rasidance 6 ☐ Other (Specify) 28c. Injury at Work? 1 ☐ Yes 2 No

28d. Describe how injury occurred

Subject hanged himself 28f. Location (Straat and Number or Rural Routa Number, City or Town, State) 602 5. Edion S

29a. Certifian (Check only one)

Home BallimoreCity 1 Cartifying Phyelclan: To the best of my knowledge, death occurred et tha tima, data and place, and due to the cause(s) and menner es steted. Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

29b. Signature end titla of cartifiar

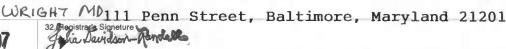
29c. Licensa numbar OCME

29d. Data signed (Month, Day, Yaar) JUNE 01, 1997

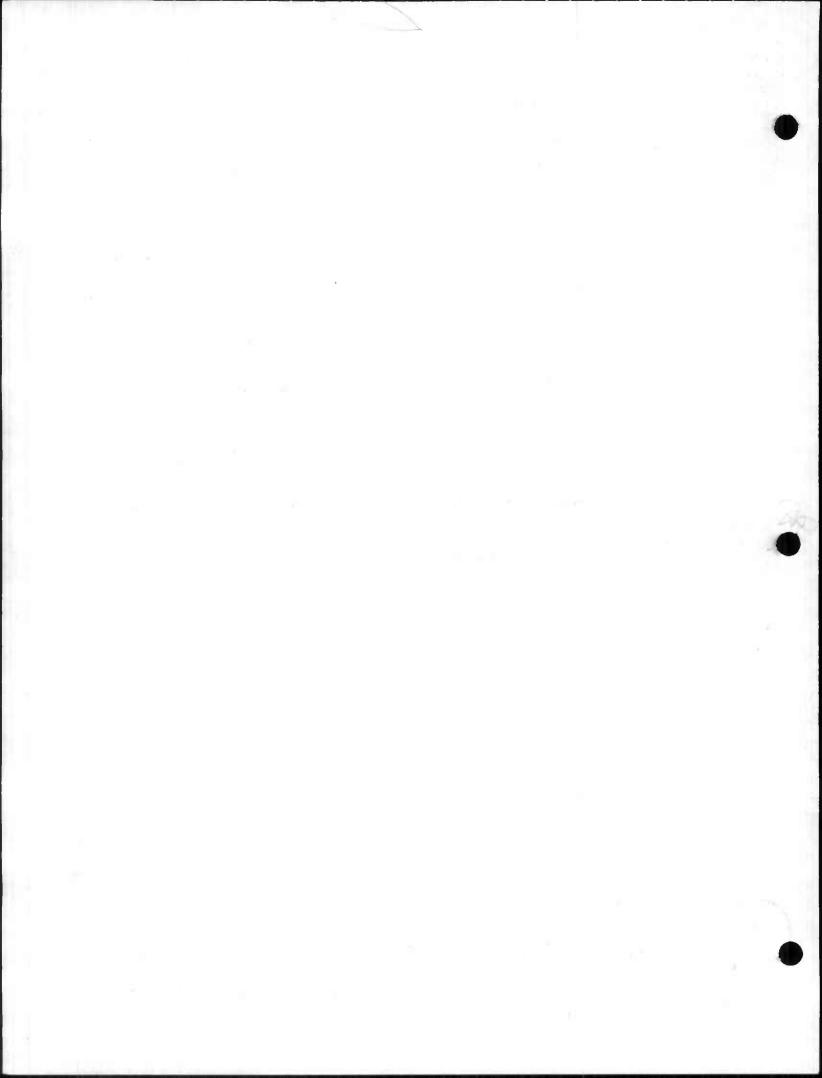
30. Name end eddrass of person who complated causa of death (Item 23a) (Type, Print)

G. 31. Date filed (Month, Day, Year)

JUN 0 4 1997



State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death **Physician** Month Zab+th Thrue /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner If Under 1 Year If Under 24 Hrs. Months Deys Hours Min. (Month, Day, Year)

Aug. 26, 19 5. Social Security Number 101 ps Na Sal Zimin last birthday) 9. Birthplece (State or Foreign Country)
Maryland Age (In yrg **Funeral** 1 □ M 2 ◯XF 63 Yrs. Director 219-28-6415 Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examiner must be notified at 10d. Inside City Limits 1 ☐ Yes 2 No Director Maryland Baltimore Owings Mills 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 159 Wilgate Rd. U.S.A. 21117 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 72 hours efter 1 Never Married 2 M Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White by 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mentel Hygiene Important: if I tem 27 is marked other than "n any Injury or other traumatic event Elementary/Secondary (0-12) College (1-4or 5+) 10 Housewife Homemaker 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Henrietta A. Weis 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Samuel A. Wagenfer - Husband 159 Wilgate Rd. Owings Mills, Md. 21117 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State Date 1 Burial 2 Cremation 3 Removal from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Maryland Veterans Cem. June 5, 1997 Owings Mills, Md. 21. Signeture of Funeral Servica Licansee 22. Name end Address of Fecility Eckhardt Funeral Chapel De 11605 Reisterstown Rd. Owings Mills, Md. 21117 23e. Per Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physiclan** /Medical Immedlete Ceuse (Finel Downel & purforration diseese or condition resulting in death) Examiner Examiner - hulti orpon failure Due to (or es e consequenca of): physician and the bunel-transit Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest P.O. Box 68760. Physician/Medical for use as USB Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24e. Wes en eutopsy performed? Completed 24b. Were eutopsy findings completion of cause of deeth? page 2 1□Yes 20 No certificate Division of Vital To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p. 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how Injury occurred 28b. Time of 1 Maturel 5 Pending 1 ☐ Yes 2 ☐ No investigetion 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide in 24 hour.
the Funeral Directory 29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred et the time, date end placa, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the ceuse(s) end manner stated. Medical

State Registrar 29b. Signeture end title of certifier

31. Dete filed (Month, Day, Year)

ne and address of person who completed cause of death (Item 23a) (Type, Print)

worthy

32. Registrar's Signature

The Savidson

DHMH 16 Ray 6/95

Rondallston mo

29d. Date signed (Month, Dey, Year)

29c. License number

es and S I I HEIM and the state of t

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dafa of Death Day 1997 MAY 30, WATERS 4:52 PM 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death SAINT JOSEPH MEDICAL CENTER TOWSON, MARYLAND BALTIMORE If Under 1 Yaar If Undar 24 Hrs. 8. Date of Birth
Months Days Hours Min. Feb. 11 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) 1 □ M 2 🖾 F Months 72 Yrs. Feb. Maryland Usual Residence of Deceden 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Reisterstown Baltimore 10f. Zip Code 10g. Citizen of What Country? USA 21136 12916 Gent Rd. 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 💆 No Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, etc. 1 ☐ Never Marriad 2 ☐ Married 1 ☐ Yas 2 ☐ No Specify: If Yes, Give Yaar or Dates: Specify: 3₺ Widowed 4 Divorced White 16e. Decedent's Usual Occupation (Give kind of work done during life. DO NOT use retired) 15. Decedent's Education fy only highest grade completed) 16b. Kind of Business/Industry (Specify only highest grade during most of working Elementary/Secondary (0-12) College (1-4or 5+) Own Home Homemaker 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Elizabeth Sponsler Mary Schlerf 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 622 Goucher Ave. Lutherville, Md. 21093 Burns H. Waters III/ Son 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 1 ☑ Burlal 2 ☐ Cremation 3 ☐ Ramoval from State 6-2-97 Pikesville, Md. Druid Ridge Cemetery 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service 22. Name and Address of Facility Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204 23a. Part1. Enter tha disease, or comshock, or heart failure. List only plications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, one cause on each line. Approximate Interval Between Onset and Death CEREBROVASCULAR ACCIDENT 4 DAYS Due to (or as a consequenca of): Due to (or as a consequence of):

Physician /Medical Examiner

and

Box 68760.

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Certification:

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/Medical

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Funeral

Director

In It. Pages 1 and 2 should be filed within 72 hours after death with the Maryland containst of Health and Mantal Hygiane.
Containt If Item 27 is marked other than "natural", or items 23s or 23s-7 show injury or other traumatic event, the Medical Exerting revell be notified at

Baltimore, Maryland 21215-0020

LUCILLE

5. Social Security Number

216-20-1512

10e. Street and Number

11. Marital Status

Melchior

20a. Method of Disposition

10a State

Director

Funeral

þ

Completed

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last

Immediate Cause (Final disease or condition resulting In death)

Due to (or as a consequenca of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown

24a. Was an autopsy performed'

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yas 2 No

1 ☐ Yas 2 No

26. Piece of Death (Check only one)

25. Was case referred to medical 1 ☐ Yes 2X No 27. Manner of Death

28e. Date of Injury (Month, Dey Year) 5 Pending investigation

Hospital: 1 X Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work?

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Describe how injury occurred 1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a. Certifier (Check only one

1 Naturel

2 Accident

3 Suicide

4 Homicide

1 🔀 Certifying Phyaician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stelled.

29b. Signature and title of certifier

6 Could not be

29c. License number D30263 29d. Dafa signed (Month, Day, Year)

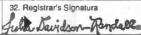
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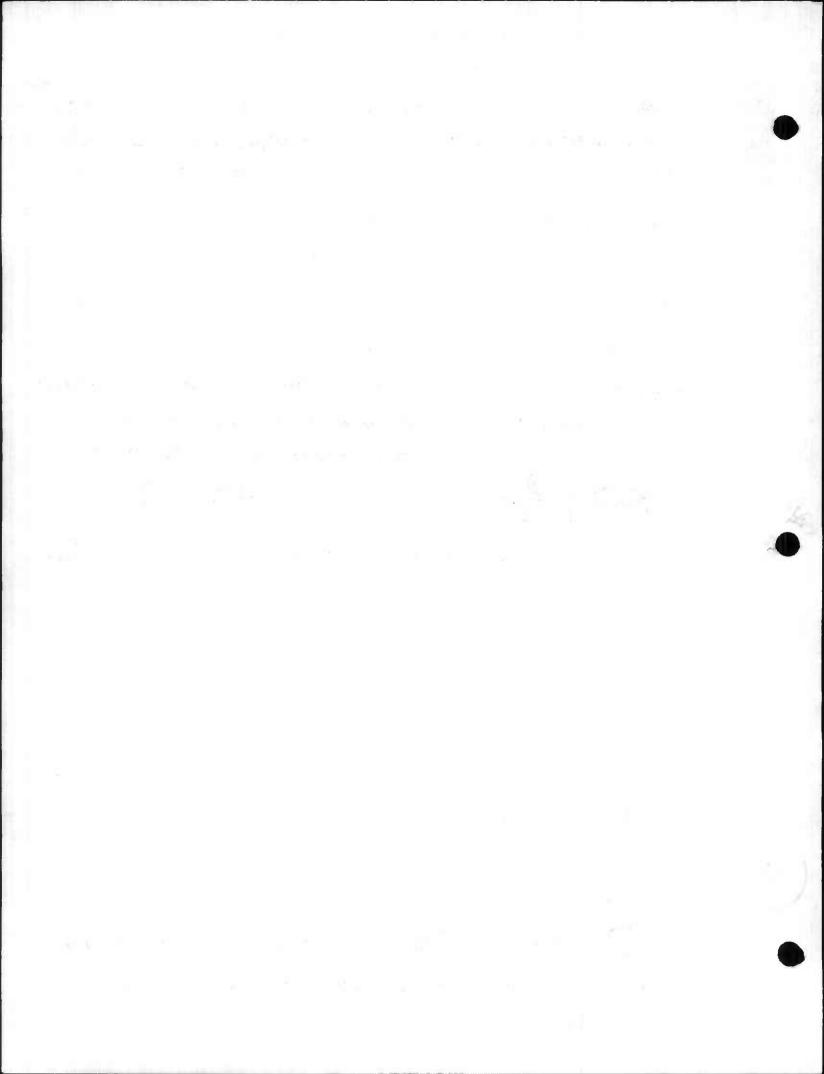
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

FRANCIS KHOO, M.D., 7620 YORK ROAD, TOWSON, MARYLAND 21204 31. Date filed (Month, Day, Year)

State Registrar

JUN 0 4 1997





State of Maryland / D

| Department | of Health | and Mental | Hygiene |
|------------|-----------|------------|---------|
| 0. 111 1. | | | |

| WAGN | AGNER | | | | | Otate | 01 1410 | ai y iai i | • | ertificat | | | | norman riye | eg. No. | 97 | 16886 |
|---------------------|--|-------------|--|---------------------|------------|------------|----------------|------------------|----------------------|--|------------------------------------|------------------------|----------------------------------|--|--------------------------|--------------------------------|--|
| | Physicia /Medic | | 1. Decedent's Nam | e (First, Midd | lle, Last) | Da | vid | Ray | Wagne | п | | | | 2. Date of Dea Month MAY | th Day | 1997 | 3. Time of Death 3': 45 P. M |
| | Examin | | 4a. Facility Name (If not institution, giva stra 22 MANGO TRAIL | | | | at and number) | | | | 4b. City, Town, or Location of Dea | | | 4c. County of Deeth BALTIMORE | | | |
| | Funeral Director | | 5. Social Security N 290-58-50 | 050 | 6. Sex | M 2□ F | | e (In yrs. 39 | last birthda Yrs. | y) If Under Months | 1 Yea Day: | | Min. | 8. Date of Birth (Month, Day May 1 | Year) 195 | Col | place (Stata or Foraig Intry) LO |
| | Maryland -f show | or | Usual Residence of 10a. State Maryland | 10b. Count | altin | nci ti o · | | 10c. City | y, Town or | Location | | | | Chase | | | 10d. Inside City Limits |
| | th with the 23a or 28a | al Director | 10e. Street and Nur 22 Mango | mber | | 1070 | | | | 10f. Zip | Coda | | 21220 | | 10g. Citizen o United | | |
| 020 | | by Funeral | 11. Marital Status 1 ☐ Never Marr 3 ☐ Widowed | | rried | Armed i | Forces? | Ever in U, No | | B. Was Decad If Yes, spec | | | | pecify Yes or No- Rican, etc.) | 14. Re BI | ack, White | ican Indian, o, etc. hite |
| 5-0 | 72 ho | eted | (Spec | 15. Decede | | | | | | 16a. Decedant's Usual Occupation (Giva kind of work done during most of work lifa. DO NOT usa ratired) | | | orking 16b. Kind of Business/Inc | | ndustry | | |
| 2121 | s within r than | Completed | Elamentary/Second | | | Collaga | (1-4or 5 | 5+) | | ick Dr | | | | | Truci | king | Industry |
| Maryland 21215-0020 | d of H | To Be C | 17. Fether's Name (First, Middle, Last) Charles Wagner | | | | | | | | | | | st, Middla, Maidan Surneme) ite | | | |
| | aith er 27 is r treu | | 19a. Informant's No | | | | | | 22 | Mango | Tr | ail (| | rai Routa Numbe Maryl | | city or Town, Stata, Zip Coda) | |
| altimore | Pages 1 and ment of Healt and: If Itam 2 ury or other | | 20a. Mathod of Dis 12 Buriai 2 4 ☐ Donation | position Cremation | 3 □Re | | m State | | | position (Nar ramatory or o | | | 4/199 | Date 7 | 20c. Location Baltim | | Fown, State Maryland |
| Balt | permit. Pa Departmer Important: any injury once. | | 21. Signeture of Fu | ineral Service | License |) | | | | 22. Name an Duda-1 | d Add | ress of Faci k Fund | lity | Home of | Dunda | ek. I | nc. |

arr Enter the disease, or complications that caused the daath. Do not enter the mode of dying, such es cardiec or respiratory errest, hock, or heart tarture. List only one cause on each line.

Physician /Medical **Examiner**

signed by

certificate hes

by

Completed

Be

To

Certification:

Medical

ivision of Vital Records, P.O. Box 68760,

Examiner attending physician and for use as the burial-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated avants resulting in death) Last Physician/Medical

Immediate Cause (Final disease or condition resulting in death)

Due to (or as a consequenca of) Due to (or as a consequenca of): Due to (or as a consequence of):

7922 Wise Ave.

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

SKEK

23b. Did tobacco use contributa to the cause of death? 4 Unknown 1 Yes 2 No 3 Probably

24b. Wera autopsy findings evailable prior to completion of cause of death? 24a. Wes an autopsy performed? Yes 2 No

Approximate Interval Between Onset end Death

25. Was case referred to medical examiner? 1 X Yes 2 □ No

26. Place of Daath (Check only ona) Hospital: Other: 4 Nursing Home 5 N Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work?

27, Manner of Deeth 1 Atatural 2 Accident 3 ☐ Suicide 4 Homicida

28e. Date of Injury (Month, Day Year) 5 Panding invastigation 6 Could not be determined

2 No 1 Yas 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Spacify)

28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)

29a. Cartifier (Check only one)

1 Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data end place, and due to the cause(s) and manner stated.

Duda-Ruck Funeral Home of Dundalk, Inc.

Dundalk, Maryland 21222

29c. Licanse number

29d. Date signed (Month, Dey, Year)

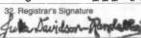
O.C.M.E.

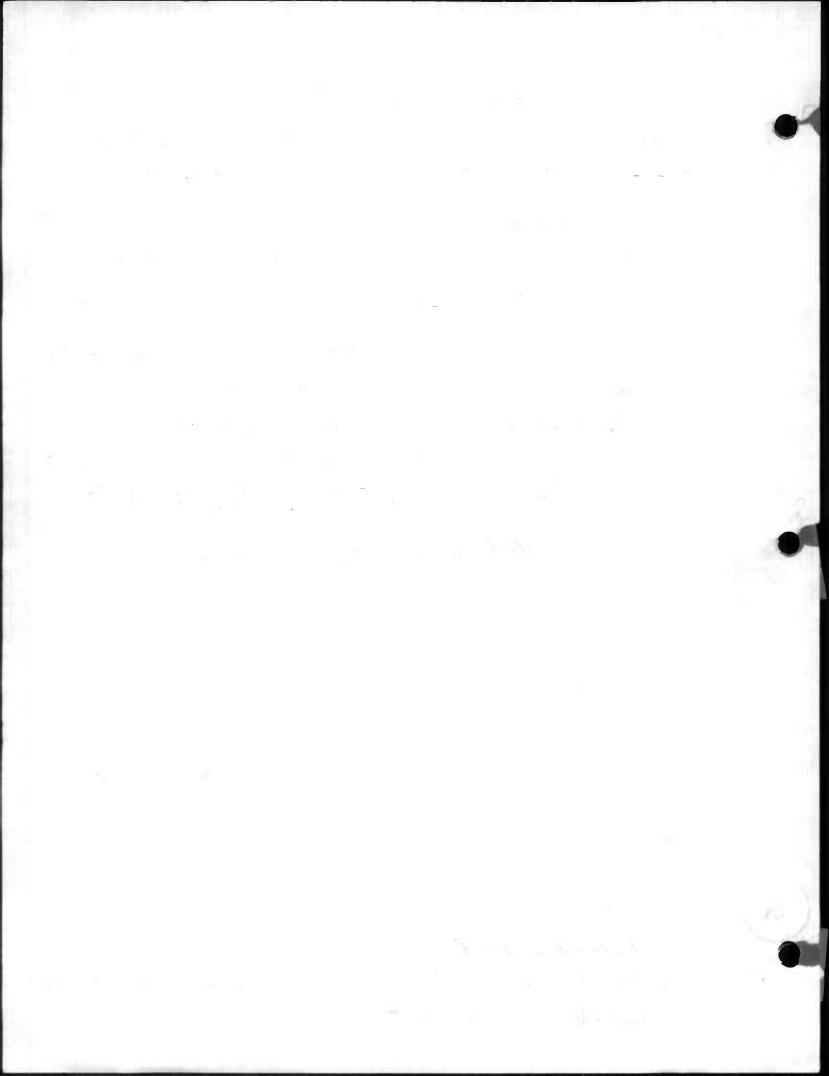
JUNE 1,1997

30. Name and address of parson who completed cause of death (Item 23a) (Type, Print) THEODORE M. KING

111 Penn Street, Baltimore, Maryland 21201

State Registrar 31. Date filed (Month, Day, Yaar)





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacadant's Nama (First, Middla, Last) 2. Dete of Daath 3. Tima of Daath Month 730 KENNETH HAROLD YOUNG Tune 97 4a. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth UNION MEMORIAL HOSPITAL BALTIMORE 8. Date of Birth (Month, Day, Year) MAY 21,1929 5. Social Sacurity Number If Under 1 Year If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthdey) 9. Birthplaca (State or Foreign Months Days 1 M 2 □ F 242-38-5543 68 CATAWBA, N.C. Usual Rasidance of Dacedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 X Yas 2 No CITY MARYLAND BALTIMORE 10a. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 1515 EAST 29TH STREET 21218 USA 12. Wes Dacedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amarlcen Indien. Black, White, atc. 1 Navar Married 2 Marriad 1 Yes 2 No Specify Specify: AFRO AMERICAN 3 ☐ Widowad 4 ☐ Divorced Year or Datas 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Spacify only highast grada complated) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) LONGSHOREMAN BETHLEHEM STEEL CORP. 17. Father's Nama (First, Middla, Last) 18. Mother's Neme (First, Middla, Maidan Surnama) **LESTER** YOUNG SARAH C. YOUNG 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) DOROTHY 1515 EAST 29TH STREET, BALTIMORE, MARYLAND 21229 YOUNG WIFE 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 XBurial 2 □ Cremetion 3 □ Ramovel from Stata SMYIMA CEMETERY 4 ☐ Donation 5 ☐ Other (Spacify) 6/7/97 CATAWBA, NORTH CAROLINA ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217 23a. Part1. Enter the dis daath. Do not entar tha moda of dying, such as cerdiac or raspiratory arrast, Approximate interval Batwean Onset end Death Immediata Causa (Final Pneumonia week diseasa or condition rasulting in death) End Stage Renal disease Sequantially list conditions, if any, laading to immadiate causa. Entar Underlying Ceuse (Diseasa or Injury thet initieted evants resulting in daath) Last oronary Dua to (or es a consaquance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wara autopsy findings aveileble prior to complation of ceuse of daath? 24a. Was an autopsy performed? 1 Tas 1 Yas 2 No 25. Was cesa raferred to medicel 26. Place of Deeth (Check only one) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 1 Inpatient 2 No 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28a. Deta of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work?

Physician /Medical **Examiner**

Physician

/Medical

Examiner

Funeral

Director

show

28a-f

6 238

evant, the Medical Examiner near be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death v. Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "material".

Director

Funeral

à

Be Completed

2

4

Physician/Medical by Completed Be 2 Phis Certification: After after dead Director:

Division of Vital Records, P.O. Box 68760.

KENNETH HAROLD

Joung.

24 hours a To the Within 2 To the

State Registrar

Medical

Belitaire DO 31. Data filed (Month, Day, Year)

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

5 Panding investigation

6 Could not be datarmined

1 Neturel

2 Accidant

4 Homicida

29b. Signatura and titla of cartifian

3 ☐ Sulcide

29a, Cartifian (Check only one)

> 32. Ragistrar's Signatura Julia Davidson

28a. Place of injury - At home, farm, straat, factory, office building, atc. (Specify)

Union Memorial Hospital

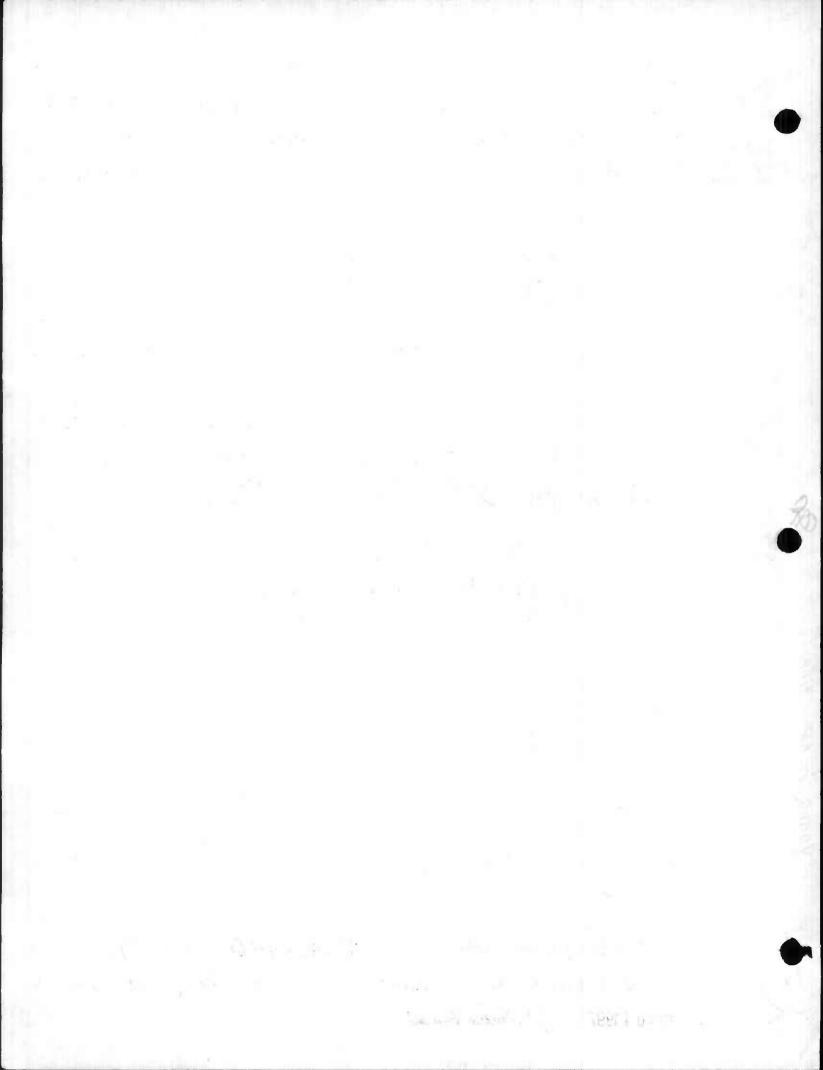
1 ☐ Yas 2 ☐ No

1 Certifying Physician: To tha best of my knowledge, daath occurred at the time, dete end place, and dua to tha causa(s) and manner as steted.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner steted.

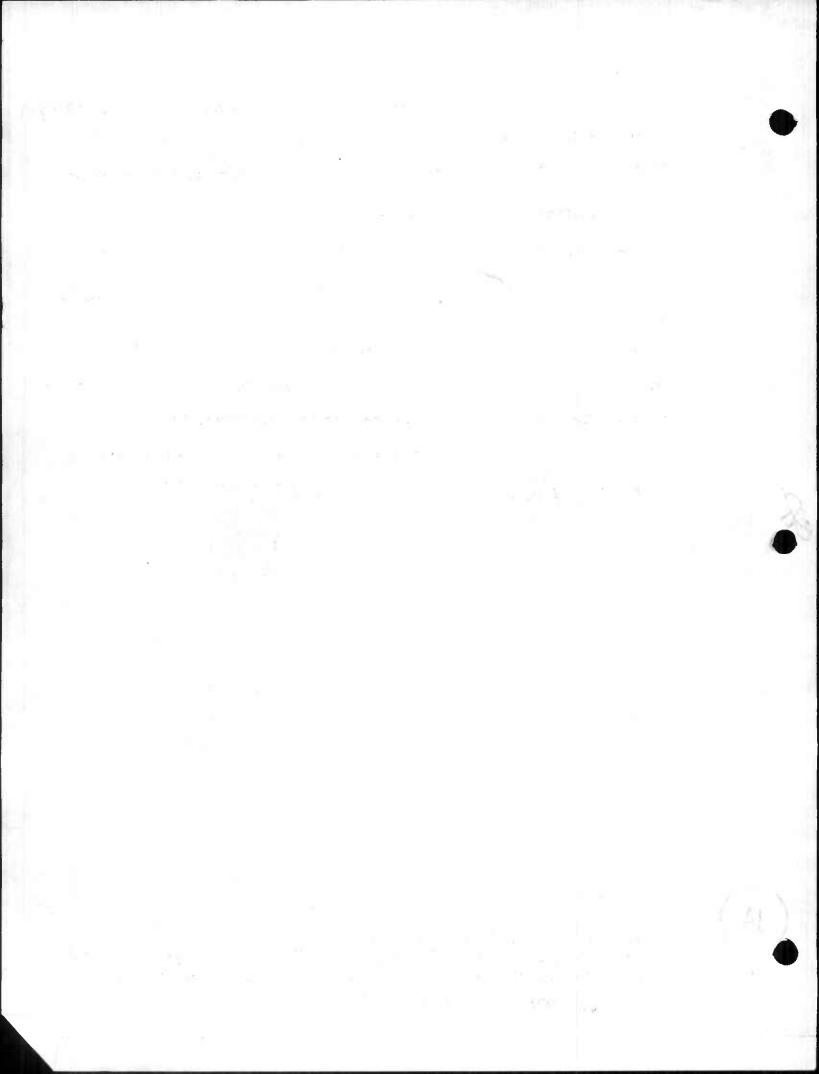
29d. Dete signed (Month, Day, Year)

Location (Straat and Number or Rural Route Number, City or Town, State)



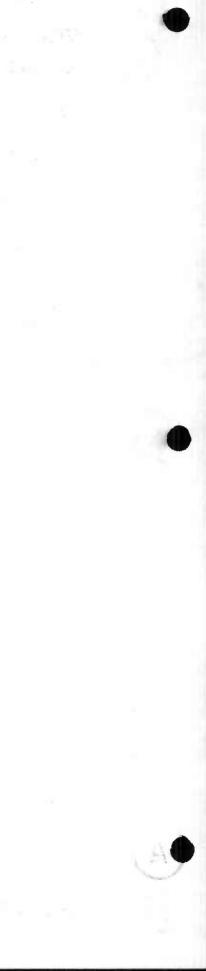
State of Maryland / Department of Health and Mental Hygiene

| Dhunish | | 1. Decedant's Nama (First, Mic | dla, Last) | | | | Death | 2. Data of De | Reg. No. | 3 | Tima of Death |
|--|--|---|--|---|--|---|---|--|---|---|--|
| Physicia /Medic | | KARL | | | YOST | | | Month | Day | Yaar 1997 | 123500 |
| Examin | | 4a. Facility Nama (If not institut Stella Mari | | | 1001 | | 4b. City, Town, or I | 12 | h 4c. County | | iot fire |
| Funeral Director | | 5. Social Sacurity Number 219-03-4204 | 6. Sax 1⊠ M 2[| | yrs. last birthday) 74 Yrs. | If Under 1 Year Months Days | | 8. Data of Bir (Month, Da Aug. 1 | th y, Year) | | (State or Forei |
| > | | Usual Rasidance of Dacedant 10a. Stata 10b. Coun | | | | | | mag. I | J 1722 | | |
| 28a-f show | tor | | imore | | c.City,Town or Lo Baltimor | | | | | | nsida City Limi □ Yas 2⊠ N |
| 23a or 28a unt be not | Funeral Director | 10e. Street and Number 115 Hawthorn | e Ave. | | | | 10g. Citizan of What Country? | | | | |
| 0 10 | by | 11. Marital Status 1 Navar Married 2 Ma | rried 1 [28 | s Dacedant Evar ed-Forcas? Yas 2 ☐ No as, Giva r or Datas: WW | | Was Dacedant of If Yas, specify Cul | | (Specify Yas or No- arto Ricen, atc.) 14. Race - Amarlcen Indian, Black, Whita, atc. Specify: White | | | |
| no Mental rygiena. merked other then "natural", metic event, tre Medice. Exp | Completed | 15. Decedi (Spacify only high Elamantan//Secondary (0-12) | nt's Education ast grada compli | | 16a. Decedant's Usual Occupation (Giva kind of work dona during most of life. DO NOT usa retired) Salesman | | pation a during most of wor ed) | of working 16t | | 16b. Kind of Businass/Industry Wholesale | |
| If item 27 is marked other than "nature or other traumatic event, the Medical To Re Completed | ပိ | 17. Fathar's Nama (First, Middle | , Last) | | | | 18. Mothar's Nan | na (First, Middla, | | | |
| | ToB | Karl | | | Yost | | Bernard | | | Tyson | |
| B B | | 19a. Informant's Name/Ralation Ann Anthony/Dav | | t) | | ng Addrass (Strae Transoms | | | umber, City or Town, Stata, Ze, Md. 21236 | | |
| Important: If item 27 eny injury or other tr | | Oa. Mathod of Disposition 1基 Burial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Specify) | | | 20b. Place of Disposition (Nama of | | | Data -3-97 | 20c. Location - City or To Owings Mill | | |
| Important: If eny injury or once. | | 21. Signatura of Funaçai Sarvio | Licenson | | 22 | | ass of Facility Ck Towson 50 York R | | | | |
| | edical Examiner | disaasa or condition rasulting in daath) Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or injury that initiated evants | a | Dua Dua | to (or as a consequence to (or as a consequence) | uanca of): | <i>VA</i> | | | | |
| 0. 00 | | rasulting in daath) Last | | Dua | to (or as a consequ | uance of): | | | | 13 | |
| for usa | | rasuling in daatii) cast | d | | | | | | | | |
| ed by the attending datached for use | Physician/M | rasulting in death) Last Part II. Other significant condit | | | | | ivan in Part I. | | tobacco use co Yes 2 No | ntribute to the | |
| igned by the attending be detached for usa | by Physician/M | rasuling in daatii) cast | | | | | van in Part I. | 1 □ | | 3 Probably 24b. Wara a available | utopsy findings e prior to tion of causa |
| ata has been signed by tha attending page 2 should be datached for usa e | Completed by Physician/M | Part II. Other significant condit | ons contributing | | | | | 1 🗆 24a. Was perfo | Yes 2□ No an autopsy mad? /as 2☑No | 3 Probably 24b. Wara a availabl comple of death | utopsy findings e prior to tion of causa |
| his cartificate has been signed by the attending at director, page 2 should be datached for use a | To Be Completed by Physician/M | Part II. Other significant condit 25. Was casa rafarred to madic axaminar? 1 Yas 2 No 27. Mannar of Ocath 1 Natural 5 Pand | ons contributing | to death but not | t resulting in the un | t 3 DOA Ot | 26. Placa of Daa har: 4□ Nursing H iny at | 24a. Was perfo | an autopsy mad? Yes 2□ No Yes 2□ No | 3 Probably 24b. Wara a available comple of deatr 1 Yes | utopsy findings e prior to tion of causa 1? |
| his cartificate has been signed by the attending at director, page 2 should be datached for use a | To Be Completed by Physician/M | Part II. Other significant condit 25. Was casa rafarred to madic axaminar? 1 Yas 2 No 27. Mannar of Ocath 1 Natural 5 Pand | ons contributing Al Hospital: 1 28a. I gigation not be nined 28a. 8 | to death but not 1 ☐ Inpatiant Data of Injury (Month, Day Yea | t resulting in the uncertainty i | t 3 DOA Ot 28c. Inju | 26. Placa of Daa har: 4 □ Nursing H | 24a. Was perfo | an autopsy mad? (as 2 No lona) danca 6 Noth now injury occur Street and Numb | 3 Probably 24b. Wara a available comple of death 1 Yas | utopsy finding e prior to licin of causa? |
| In Director: After this cartificata has been signed by the attending and in by the funaral director, page 2 should be datached for usa | Certification: To Be Completed by Physician/M | 25. Was casa referred to madic axeminar? 1 Yas 2 No 27. Mannar of Death 1 Natural 5 Pand 2 Accidant invas: 3 Suicide 6 Coulc datar 4 Homlolda datar | Hospital: 28a. [gation not be nined 28a. [https://www.communice.com/richarce.com | I to death but not I Inpatiant Data of Injury (Month, Day Yea Place of Injury - A puilding, atc. (Sp | t resulting in the uncertainty i | t 3 DOA Ot 28c. Inju Wc M 1 ceat, factory, office | 26. Placa of Daa har: 4□ Nursing H iny at | 24a. Was performed to the Check only of the Check only of the Check only of the Community o | an autopsy mad? (as 2 No No No No No No No No No No No No No | 3 Probably 24b. Wara a available comple of death 1 Yas arr (Specify) I red | utopsy finding: e prior to tion of causa ? s 2□ No HOSPICE |
| in Furnal Director: After this cartificate has been signed by the attending pleton mad in by the funeral director, page 2 should be datached for use | edical Certification: To Be Completed by Physician/M | 25. Was casa rafarred to madic axaminar? 1 Yas 2 No 27. Mannar of Death 1 Natural 5 Pand 2 Accidant invas 3 Suicide 6 Coulc datar 29a. Cartifier (Check only 2 Medica | Hospital: 28a. [gation not be nined 28a. [https://www.commons.com/richarcommons/com | 1 ☐ Inpatiant Data of Injury (Month, Day Yea Place of Injury - I building, atc. (Sp | t resulting in the uncertainty i | t 3 DOA Ot 28c. Inju Wc M 1 ceat, factory, office | 26. Placa of Daa har: 4 ☐ Nursing H ry at rk?] Yas 2 ☐ No ma, data and place, opinion, daath occur | 24a. Was performed to the Check only of the Check only of the Check only of the Community o | an autopsy mad? (as 2 No No No No No No No No No No No No No | 3 Probably 24b. Wara a available comple of death 1 Yas arr (Specify) I red per or Rural Rouenar as stated and due to the | utopsy findings e prior to lion of causa ?? s 2□ No HOSPICE sita Number, |



State of Maryland / Department of Health and Mental Hygiene

Item 17 Per FH Film G748 6-10-97 rja Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Daeth 3 Time of Death Month **Physician** Yaar 1997 10:25Am JUANITA JUNE ANDERSON /Medical 4a. Facility Nama (If not institution, gira streat and number) 4b. City, Town, or Location of Daeth 4c. County of Death **Examiner** (MERCY MMORE HOSPITAL 5. Social Security Number 7. Age (In yrs. last birthday)
53 Yrs. If Under 1 Year Undar 24 Hrs. .Funerai Birthplace (Stata or Foraign Country) Q18-42-250 Usual Rasidenca of Dacedant Days Director the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits ne 23a or 28a-f show 1 Tas 2 No Funeral Director 10e. Straet and Number 10g. Citizan of What Country? death with Hame ? 12. Was Decedant Eyer In U.S. Was Dacedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cupan, Maxican, Puarto Rican, etc.) 14. Raca - Amarican Indian Bleck, Whita, atc. 11. Marital Stetus Armad Forcas? traumatic evant, the Medical Examiner filed within 72 hours efter 1 Navar Marriad 2F Marriad 21215-0020 ŏ 2 1No Spacify: Completed by Specify: 3 Widowed 4 Divorced "natural", 16a. Decedant's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education 16b. Kind of Businass/Industry (Specify only highest grada complated) al Hygiene. Elementery/Secondary (0-12) Collage (1-4or 5+) ABORER Baltimore, Maryland 17. Fathar's Name (First, Middla, Last) JAMES 18. Mother's Nama (First, Middla, Maidan Sumama) h end Mental F Be Peges 1 and 2 should be 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Route Number, City or Town, Department of Health er important: If Item 27 is any injury or other trau Booth BALTMORE, 402122 20a. Mathod of Disposition 20b. Pleca of Disposition (Nama of cematary, cramatory or other placa) 1 Burial 2 Crametion 3 Ramoval from Stata 4 Donation 5 □ Othar (Spacify) WESTERN 21. Signature of Funeral Service Licenses 57 BACTIMOKE, 141) 2121 GIIMOR one and caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Batween Onsat and Death Physician /Medical Immediata Causa (Final CHAICER METASTATIC CERVICAL disaasa or condition rasulting in death) Unaroun Examiner Dua to (or as a consequence of) Examiner The law requires that the death certificate be executed Sequantially list conditions, if eny, leading to Immadiata causa. Enter Undarlying Causa (Disaesa or Injury that Initiated events rasulting in daath) Last Dua to (or as a consequence of): Box 68760, physician Physician/Medical Dua to (or as a consaquanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? sate has been signed by page 2 should be detect 1 Yss 2 No 3 Probably 4 Unknown Completed by 24b. Wera autopsy findings evailable prior to completion of cause of death? 24a. Was an eutopsy performed? this certificate has 1 Yas 25 No 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: 24 hours effer death.
Funeral Director: After this certifica Be 26. Placa of Death (Check only ona) STELLA MARIS AT MERCY 25. Was case refarred to medical Certification: To Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 28c. injury et Work? 28d. Dascribe how injury occurred 27. Mannar of Death 28b. Tima of 1. Naturel 5 Pending Invastigation 1 Yas 2 No 2 Accidant 6 Could not be detarmined To the Hospital or Attervithin 24 hours effer der To the Funeral Director completely filled in by th 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, office bullding, atc. (Specify) 4 Homicida Medical 29a. Cartifier 1🗷 Certifying Physician: To the best of my knowledge, deeth occurred at tha tima, date end place, end due to the cause(s) end mannar as stated. 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner stated. 29b. Signatura and titla of cartifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) Janoma 040480 dun 30. Name end address of person who complated causa of death (Itam 23a) (Type, Print) BOZAR 5810 120 Fereno BALTO MA 2,206 JUN 0 5 1997 (Month 1997 (Mar) 32 Heoigyer's Signature of State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Data of Deeth 3. Tima of Death Month Physician Tera dine 12 A.M. June /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Milford Avenue Baltimore NA 10 If Under Months 8. Dete of Birth (Month, Dey, 7. Age (In yrs. lest birthday) If Undar 24 Hrs. 5. Sociel Security Number 6. Sax 9. Birthplece (State or Foreign Country) **Funeral** Hours 1 M 2 KF 64 213-32-4354 Director Usuel Rasidance of Decedant the Meryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits show 7 is marked other than "natural", or items 23s or 28s-1 sho traumetic event, its Medical Examiner must be notified at NA Baltimore 1 XYas 2 No Director Ma 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? 3210 U. S.A Miltord enue 21207 Funeral deeth Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) 14 Raca - American Indian 11. Merital Stetus 12. Wes Decedent Ever in U.S. Armed Forcas?

1 Yas 2 No
If Yes, Give
Yaar or Detes: permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiena.
Important: If Itam 27 is merked other than "natural", or Item any Injury or other traumetin. Black, White, atc. 1 Never Married 2 Married Black Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Private Home Eiementary/Secondery (0-12) College (1-4or 5+) Dorker 12th grade -years 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (Eirst, Middle, Melden Sumeme) Be Stewart Kac Jasper Lola 19e. Informent's Name/Reletionship (Type, Print) Dang Her 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2818 Baltimore, red Kildair Dranam 21234 ndren 20b. Piece of Disposition (Neme of cametery, cremetory or other) 20a Method of Disposition Date 20c. Location - City or Town, Stete 1 Buriel 2 Cremation 3 Removel from State 4 Donetion 5 □Other (Specify) Garnson Forest 21. Signature of Funerel Service Licansee 22. Nama and Address of Facility Wabash Balto, red 23e. Pert1. Enter the diseesa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart failure. List only one ceuse on each line. 300 Approximate Interval Between **Physician** Immediate Ceuse (Final disease or condition resulting in death) /Medical atherosclerotic cardiorascular Examiner Due to (or es a consequence of): disease Examiner nupertension Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events rasulting In death) Last of Claure He Physician/Medical Due to (orlas e consequance of) Box use Pert ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Division of Vital Records, P.O. s been signed by the should be deteched 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings evailable prior to completion of causa of deeth? 24e. Was an eutopsy performed? Completed 2 10 No 1 🗆 Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer?
1 ☑ Yes 2 ☐ No Be 26. Piece of Deeth (Check only one) Hospitel: Other: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Other (Specify) 2 1 ☐ inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA this funeral 28e. Dete of injury (Month, Day Year) 27. Menner of Deeth 28h Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: After 1 Naturei 5 Pending investigation 1 ☐ Yes 2 ☐ No r deeth. To the Hospital or Attandi within 24 hours after deeth. To the Funeral Director: A completely filled in by the fi 2 Accidant 6 Could not be detarmined 28a. Piece of injury - At home, ferm, straat, fectory, offica building, etc. (Specify) 3 ☐ Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicide Medical 29a. Certifier 1 Certifying Phyalcian: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the cause(s) end menner es steted. 2 Medical Examiner: On the besis of axaminetion end/or invastigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) and manner steted. (Check only

29c. Licensa number

rark

ed cause of deeth (Item 23e) (Type, Print) >100 WL

Registrer's Signeture

man

29d. Dete signed (Month, Dey, Year)

State Registrar

DHMH 16 Rev 6/95

29b. Signeture and title of certifier

JUN 0 5 1997

nth, Day, Year)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: 10b per FH G-748 6-5-97 eoh 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** MONROE HERSH BERG 1997 JUNE 6 AM /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MANOR CARE HEALTH CENTER BALTIMORE BALTIMORE If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1 M 2 □ F Months Days Hours 102-05-3427 86 Director AUG. 21 1910 NEW YORK Usual Residence of Decedent 10b. County NASSAU 10a, State 10c. City. Town or Location show 10d. Inside City Limits the Marvia r than "natural", or lients 23e or 28a-f shorthe Medical Examiner must be notified at Director UNKNOWN 1 ¥ Yes 2 □ No NY LONG BEACH 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 80 W. BROADWAY 11561 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Stetus 14. Raca - American Indian. Black, White, etc. hours after 1 Never Married 2 Merried 1 ☐ Yes 2 🔀 No If Yes, Give Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: WHITE À 3 XVidowed 4 ☐ Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. other than Elementary/Secondary (0-12) College (1-4or 5+) CHIROPRACTOR วั MEDICAL permit. Pages 1 and 2 should be fix.
Department of Health and Mental Hy,
Important: If flem 27 is marked other any injury or other 27 is marked other. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be LEWIS BERG ROSE I.EWIS 2 19a, Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 130 W. LANVALE ST. BALTO., MD 21217 DOREEN ROSENTHAL (DAUG.) 20b. Place of Disposition (Name of 20a. Method of Disposition 604/97 20c. Location - City or Town, State cemetery, crematory or other place) 1 ☐ Burial 2 ☐ Cremation 3 🎇 Removal from State STAR OF DAVID MEM. GARDENS 4 ☐ Donation 5 ☐ Other (Specify) N.LAUDERDALE, FL 21. Signature of Funeral Service Licensee 22. Name and Address of Facility BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock, or heart tailure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** due to Insuli Pependet Distribles Hellity /Medical Immediate Ceuse (Fine) disease or condition resulting in death) **Examiner** the burial-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequence of): Physician/Medical Box 687 Due to (or as e consequence of): as ding esn ettar for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 1 | Yes 2 No 3 | Probably 4 | Unknown signed b Records. þ 24b. Were autopsy findings eveileble prior to Completed 24a. Was an autopsy peen completion of cause certificate hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: or Attending F after death. Director: After After 5 Pending investigation 1 PNatural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 5 4 Homicide To the Hospital of within 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) cai 29a, Certifie and manner stated. 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signative and title of or 9-17041 who completed cause of death (Item 23a) (Type, Print) 30. Name and address of person #315 Buttinuare mg

7600 Odes

32. Registrar's Signature

Lulia Davidson

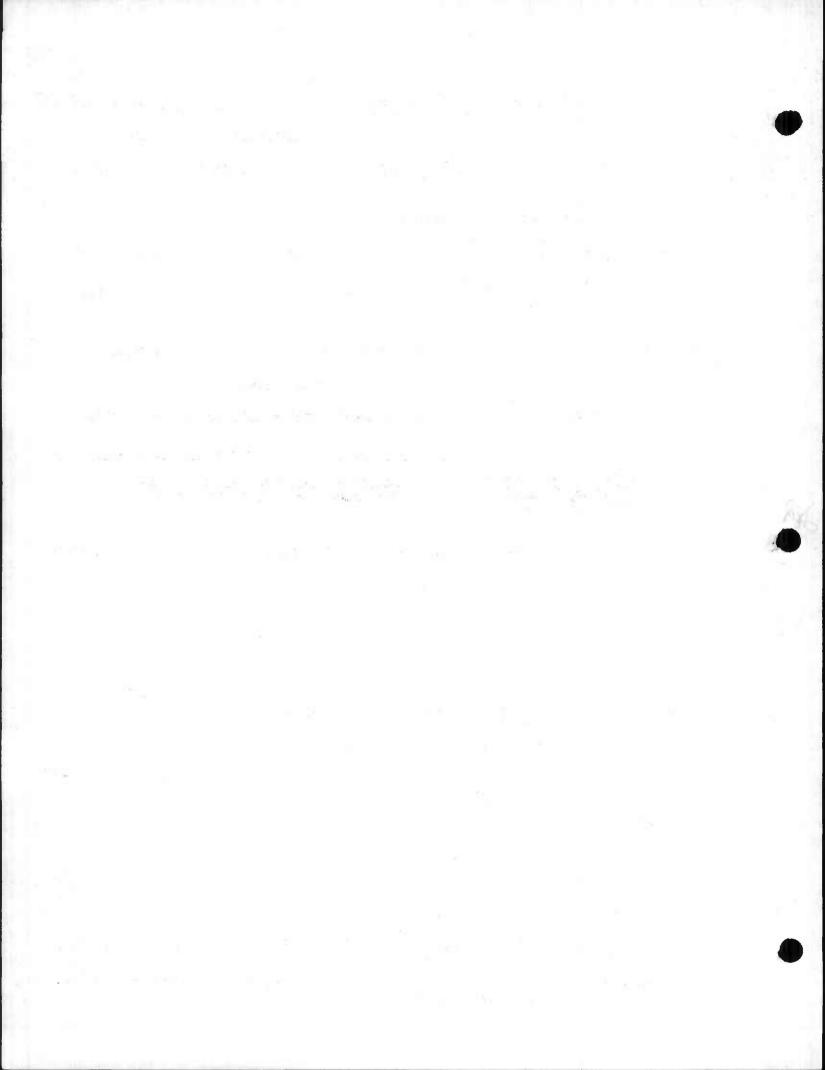
State Registrar Marc In Leave

31. Date filed (Month, Day, Year)

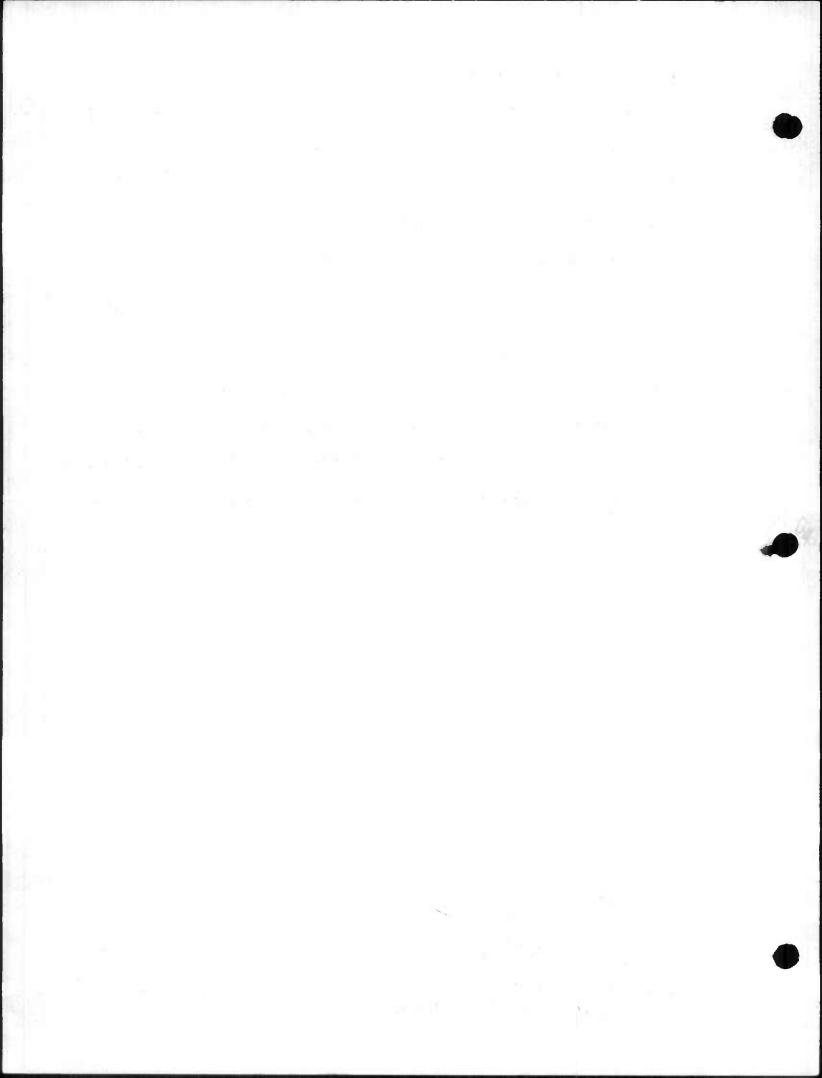
JUN 0 5 1997

State of Maryland / Department of Health and Mental Hygiene

16892 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month **Physician** 21:30 Bowen Florence, Elizabeth,
4e. Fecility Name (If not institution, give street end number) 02 /Medical 4b. City. Town, or Location of Death 4c. County of Deeth Examiner St. Agnes Hospital Baltimore | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Yeer) | 01/08/1922 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (Stete or Foreign Country) **Funeral** 1□M 2\1 F 75 Yrs. 213-34-9495 Director Virginia Usuel Residence of Deceden the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits rai', or items 23a or 28a-f show Examiner must be notified at Director 1 ☐ Yes 2 ☑ No Baltimore Catonsville 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 207 Brookside Drive 21228 U.S.A. Funeral 12. Was Decadent Ever in U.S. Armed Forces? 14. Race - American Indian, Bleck, White, etc. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours efter to Department of Health end Mental Hygiene. Important: If tem 27 is merked other than "netural", or iten any injury or other traumatic event. 1 ☐ Yes 2 ② No
If Yes, Give
Year or Dates: 1 ☐ Never Married XIX Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Surname) Harvey Fritter Isa Kearns 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 207 Brookside Drive Catonsville, MD. Wayne Bowen/ Son 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removal from State Mt. View Cemetery 6/6/97 Marriottsville, MD. 4 Donation 5 Dother (Specify) 22. Name end Address of Facility
Sterling Ashton Funeral Home, Inc. 736 Edmondson Ave. Baltimore, MD. 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physiclan** /Medical Immediate Cause (Final Acute Vascular Occlusion disease or condition resulting in death) Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that Initiated events resulting in death) Lest Due to (or as a consequence of) Completed by Physician/Medical Due to (or es a consequença of) Pert II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? Records, P.O. 1 | Yes 2 No 3 | Probably 4 | Unknown Cardismyo pathy , congestive Heart 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? 24a. Wes an autopsy performed? Failure, Coronary Artery Disease 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician:
 24 hours after deeth.
 Funeral Director: After this certifical eleiely filled in by the funeral director. 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 No 1 Inpatient 1 Yes Certification: To 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 27. Manne of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homloide 1 🔂 Certifying Phyalolan: To the best of my knowledge, death occurred et the time, date and placa, and due to the ceuse(s) and manner es steted. 29a. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date and place, end due to the cause(s) and manner stated. medicine (Internal) 29c. License number 29b. Signature and title of cartifier 29d. Date signed (Month, Dey, Yeer) P11040 JUN 02 199 mp 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) front things make St. Agnes Hospital 900 Caton Ave. Balto., MD. 31. Date filed (Month, Day, Yeer) State Registrar



| | | ITEM: 27 per DR. G-748 | | Ce | ertificate of | Death | | Reg. No. | , 10 | 000 |
|--|--|--|---|--|--|--|---|--|--|--|
| Physici /Medi | cal | Decedent's Neme (First, Middle, Las NATHANIEL ROBE 4e. Fecility Neme (If not Institution, give | RT BROOKS | 3 | | 4b. City. Town. o | 2. Dete of D Month 6 — or Location of Dea | Dey 1 - | 97 1: | Time of Deeth 1:15A.M |
| Examir uneral irector | ier | 3527 DENISON R 5. Social Security Number 6. Security 11 | OAD 7. Age (| (In yrs. last birthda) | y) If Under 1 Yea Months Deys | BALTIMO | ORE | No. Committee | V/A | (State or Foreign |
| a and | | Usual Rasidance of Decedent 10a. Stete 10b. County | 1 | 10c. City, Town or I | Location | | | | | nside City Limits |
| or 28a-f | Virecto | MD N/A 10e. Street end Number | | BALTIM | IORE 10f. Zip Code | | | 10g. Citizen of | | Yes 2□No |
| Health and Mental Hyglene. tem 27 is marked other than "naturel", o other traumatic event, the Medical Evan | by Funeral Director | 3527 DENISON 11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced | ROAD 12. Wes Decedent Even Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes: | | 2 1 2 Was Decedent of If Yes, specify Cu | Hispenic Origin? ban, Mexican, Pue | (Specify Yes or Nerto Rican, etc.) | | ce - American In ck, White, etc. | |
| | Completed | 15. Decedent's Ed (Specify only highest grad Elementery/Secondery (0-12) | lucation | (Giv life. | edent's Usual Occure kind of work done DO NOT use retir | e during most of w ed) | rorking | | BLACK Business/industry NAVY | |
| | To Be C | 17. Fether's Neme (First, Middle, Last) UNKNOWN 19a. Informent's Neme/Reletionship (7) | | | iling Addrass (Stree | 18. Mother's N | eme (First, Middle CY WEBB | e, Maiden Sumar | me) | |
| | | LUCILLE BROOKS 20a. Method of Disposition 1 Burial 2 Cremetion 3 C 4 Donation 5 Other (Specify | Removel from Stete | 20b. Placa of Disposemetery, crit | 27 DENIS | SON ROAI | | MD 212 20c. Location | 2 1 5 - City or Town, S | State |
| Important: If I eny Injury or once. | | 21. Signature of Funeral Service Licent | | 9 | 22. Neme and Add | ress of Fecility | | | CENTY | |
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| sician edical miner | J C | 23a. Part 1. Enter the disease, or comp shock, or heert failure. List only of immediate Ceuse (Finel disease or condition resulting in death) | . Non - | ne deeth. Do not e | nter the mode of dy | ring, such es cardi | iec or respiretory | errest, | App | TRAL AV |
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| ate has been signed by the attending physician end up page 2 should be detached for use as the buriel-trensit | Completed by Physician/Medical | Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, taading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last | a. NON — Du c | HOO 6 Let to (or es e conse | equence of): | Ing, such es cardi | 23b. Dic | d tobacco use collyse 2200 omed? | ontribute to the 3 Probebly 24b. Were a aveileble complete of deeth | cause of death? A Unknown utopsy findings e prior to tion of cause |
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| Funeral Director: After this certificate has been signed by the attending physician end Union the funeral director, page 2 should be detached for use as the buriel-trensit Union the funeral director, page 2 should be detached for use as the buriel-trensit Union to the funeral director. | edical Certification: To Be Completed by Physician/Medical | Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, taading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Pert ti. Other significant conditions condi | a. Du b. Du c. Du d. Du hontributing to death but in 28a. Date of Injury (Month, Day Y) 28e. Plece of Injury Y | Le deeth. Do not en HOO 6 Le to (or es e conse le to (or es e conse le to (or es a conse le t | equence of): equence of): equence of): underlying cause g ent 3 DOA Of 28c. tnj M 1[street, fectory, office | 26. Place of D ther: 4 Nursing ury at ork? Yes 2 No | 23b. Dic 1 24e. We per 28d. Describe 28d. Location City or To | d tobacco use co | Applinter Interibute to the In | cause of death? Cause of death? 4 Unknown utopsy findings e prior to tion of cause 17 s 2 No |
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** /Medical 4b. City, Town, or Location of Deeth Examiner Glen If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Days Hours 10 M Yrs. 54 Director 9/13/1942 215-37-3552 Poland the Maryland 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be not find all 1 ☐ Yes 2 No Directo Maryland | Anne Arundel Glen Burnie 10e Street end Number 10f. Zip Code 10g, Citizen of Whet Country? 106 Vista Avenue 21061 USA death v Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Bleck, White, etc. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pages 1 end 2 should be filed within 72 hours efter d
Department of Health end Mental hygiene.
Important: If item 27 is marked other than "natural", or item
any injury or other traumatic event, the Medical Examines and 1 Never Married 2 Married 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade com 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry completed) Elementary/Secondary (0-12) College (1-4or 5+) Seamstress Clothing 8th 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Piotr Panus Helena Berg 0 19e. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mieczyslaw Bienkowski/Husband 106 Vista Avenue Glen Burnie, Maryland 21061 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State N Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Stanislaus Cemetery 6/7/97 Baltimore, Maryland of Funeral Service 22. Name and Address of Facility 22. Name and Address of Facility David J. Weber Funeral Home 401 S. Chester Street Baltimore, Maryland 21231 complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, only one cause on each line. Part I. Enter the diseas-shock, or heert failure. Onset end Deeth **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Examiner as e consequence of) Examiner physician end the buriel-trensit Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760. certificate be Physician/Medical Due to (or as a consequence of): 98 950 signed by the e Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown À 4b. Were autopsy findings availeble prior to completion of cause of death? 24a. Was en eutopsy performed? Completed hes page 2 2 No certificete 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes pase referred to medical examiner? funeral director, Be 26. Place of Death (Check only one) Other: 1 Yes 2 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☑ DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐Other (Sp. this 27. Manner of Deeth 28e. Dete of injury Certification: 28h Time of 28d. Describe how injury occurred 28c. injury et Work? 5:42 AM 1 DNaturai 5 Pending 3,199 motor vehicle acciden 24 hours efter death. 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide filled in 612 Hospital 29e. Certifier (Check only one) 1 dertifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical To the Vilhin 2 29c. License number 29d. Dete signed (Month, Dey, Yeer)

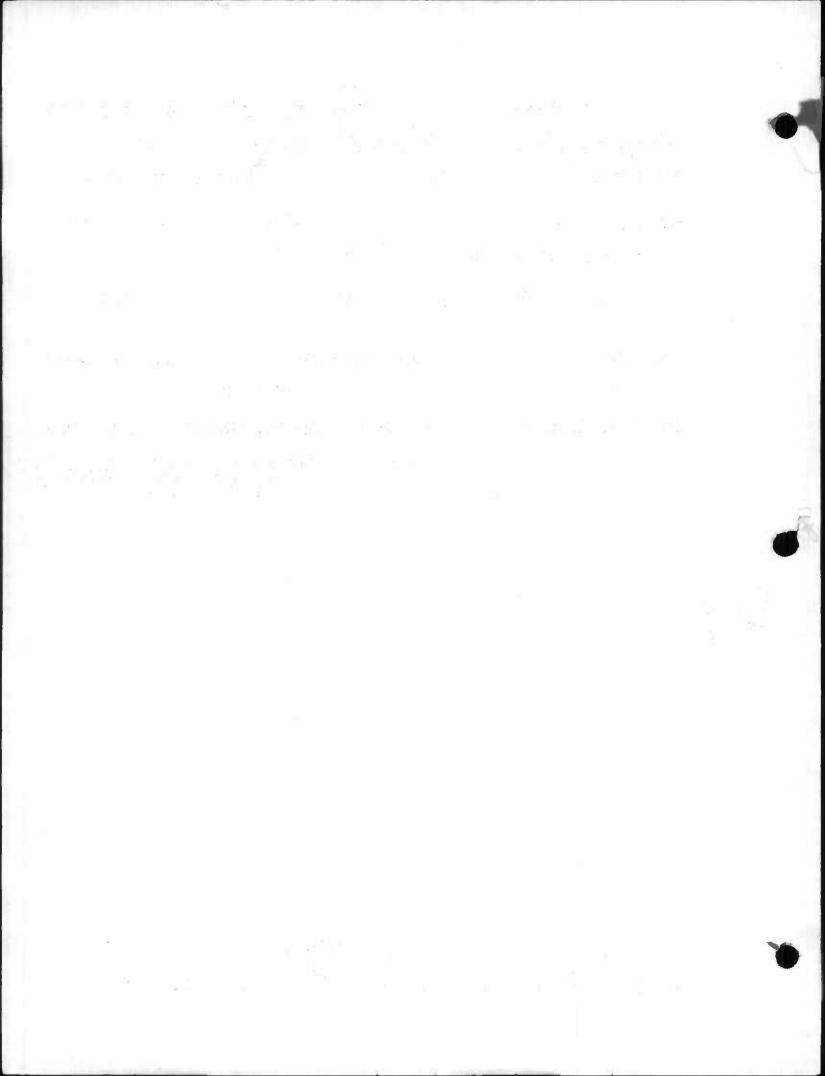
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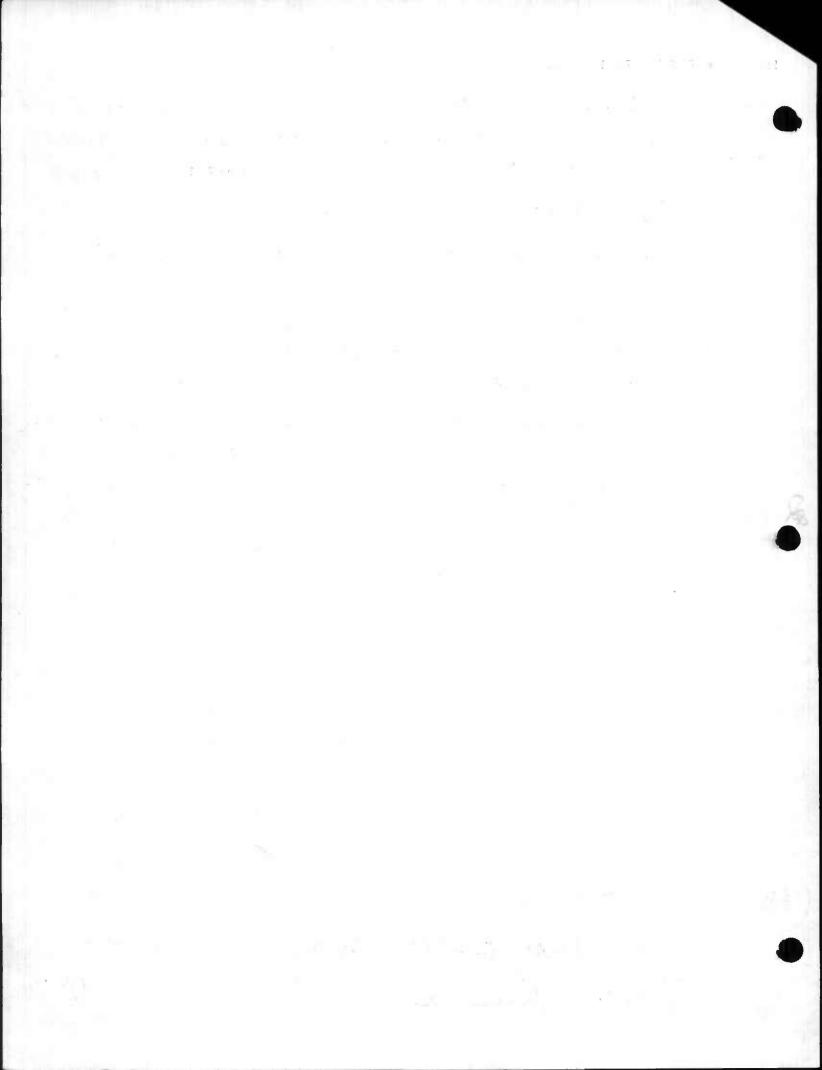
| | | | State of Maryla | | ent of Health ar ate of Death | | 2 | 7 16895 | | |
|---|----------------|---|--|--|--|--|-------------------|--|--|--|
| | | 1. Decedent's Neme (First, Middle La | st) | | | 2. Deta of De | Reg. No. ath | 3. Time of Death | | |
| Physic | | (1)A | UNP | | DROOKS | Month | Dey | Year 1999 5:55 As | | |
| /Medi Exami | | 4a. Facility Neme (It not institution, giv | street and number) | .1 .1 | 4b. City, Town | , or Location of Deatl | 4c. County | of Deeth | | |
| | | MANYLAND G | ENERAL | 1405×14 | L DAL | himore | N/ | Ά | | |
| Funeral | | 5. Sociel Security Number 6. S | ax 7. Age (în yr | Mon | nder 1 Year If Under 24 | Hrs. 8. Date of Bir Min. (Month, De | th | Birthpleca (Stete or Foreign Country) | | |
| Director | 19 | 218-22-9221 Usuel Rasidance of Decedent | X M Z L F | 58 Yrs. | | APR S | | MARYLÁND | | |
| fand w | | 10a. Stata 10b. County | 10c. (| City, Town or Location | N. | | | 10d. Insida City Limits | | |
| the Marylar 28a-f show notified at | to | MARYLAND N/A | | BAltim | nor Cit | 4 | | XXXYas 2 No | | |
| death with the Maryland rms 23a or 28a-f show rmst be notified at | Director | 10e. Street and Number | | | Zip Code | 7 | What Country? | | | |
| th with | | 1111 PARK AVEN | IUE APT 1102 | | 21202 | | U.S | S.A. | | |
| dea m | Funeral | 11. Marital Status | 12. Was Decedant Ever In Armed Forcas? | U,S. 13. Was D | ecedent of Hispanic Origin specify Cuben, Maxican, F | ? (Specify Yas or No | | e - Amarican Indien, | | |
| or h | | 1 ☐ Never Merried 2 ☐ Merried | Y⊠ Yes 2 No 11 Yes, Giva | | s XIX No Specify: | barto Ficari, atc./ | | ck, Whita, atc. y: BLACK | | |
| 5-0020 72 hours efter | d by | 3 ☐ Widowed 4 XX ivorced | Yaar or Datas: | | | | Specif | P. DEAGN | | |
| 21215-0020 d within 72 hours of glone. If then "neturel", or the Modical Exam | Completed | 15. Decedent's Ed (Specify only highest gra | lucation de completed) | 16a. Decedent's (Give kind o | Jsuel Occupetion work done during most of Tuse retired | f working | 16b. Kind of B | usiness/Industry | | |
| ed within system. | d d | Elementery/Secondery (0-12) | College (1-4or 5+) | | | | 0717 | | | |
| be filed the Hyginal districts of other event, the | Be C | 17. Father's Neme (First, Middle, Last) | | DRUG CU | UNSELLOR 18. Mother's | Neme (First, Middle, | Meiden Suman | OF MARYLAND | | |
| should be and Mentel marked of marked | To B | JOE ROSS | | | DEI | SIE SMITH | | | | |
| Maryland Id 2 should be file Ith and Mentel Hy If ie marked othe Traumatic event, | | 19e. fnforment's Neme/Reletionship (| Type, Print) | 19b. Meiling Add | ress (Street end Number of | | er, City or Town, | Stete, Zip Code) | | |
| | | Joan Lyles/ Daugh | iter | 1703 Peb | hle Reach Dr | Mitchy | illo Ma | anyland 20721 | | |
| of Heel | | 20a. Method of Disposition | 20b. | Place of Disposition cametery, cremetory | (Name of or other place) | Date | 20c. Location | aryland 20721 City or Town, Stete | | |
| Pege Pege net: If Irry or | | X Suriel 2 □ Cramation 3 □ 4 □ Donetion 5 □ Other (Specify | Removal from Stete | ARRISON FO | REST VETERAN | S 6-6-97 | OWINGS | MILLS, MARYLAN | | |
| Baltimore, permit. Peges 1 ar Department of Hee Important: If Item 2 any Injury or other once. | | 21. Signeture of Funaral Sarvice Lican | | 22. Nam | e end Address of Facility | WILLIAM C | BROWN | COMMUNITY F/H | | |
| © 88 5 8 | | Hour. | (T (B) | 2 | | 1206 W. NO | ORTH AVE | ENUE | | |
| | | 23a. Pert1. Enter tha disease, or com shock, or heert fellure. List only | plications thet caused the de | eth. Do not anter the | mode of dyling, such as ca | rdiac or respiretory a | rrest, | Approximata | | |
| Physician | | stood, of Hooft foliate. Elst only | one couse on each mie. | | | | | Interval Between Onset and Death | | |
| /Medical | 0 | Immediate Ceuse (Finel disease or condition | GASTERO IN | TESTINAL | BLEEDING | 57 | | | | |
| Examiner | _ | resulting in deeth) | Due to | (or as e consequenca | 01): | | | | | |
| - \# | ine | Sequentielly list conditions, if any leading to immediate b. RESPIRATORY FAIL URE Due to (or es e consequenca of): | | | | | | | | |
| 1 1 1 E | Examiner | | | | | | | | | |
| burie burie | cal E | Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that leithed events.) | C. ALUTE EXC | ERBATION O | of CHRONIE | OBSTRUCTIN | IE LUNG | h DISEASE | | |
| 5876 icate be physicle s the bu | ope | resulting In deeth) Last | | (or as a consequence | of): | | | | | |
| Box 6 eeth certifi attending | M | L | d | | | | | | | |
| Box eeth cert attendin | Physician/M | | | | | | | | | |
| P.O. that the de deteched deteched | Jys | Part II. Other significant conditions of | | suiting in the underlyi | ng cause given in Pert I. | | | ntributa to the cause of death? | | |
| S, P es that igned to be deta | V P | CONGESTIVE HEA | RT FAILUR | B | | | Yes 2LIN0 | 3 □ Probably 4 ☑ Unknown | | |
| | Completed by | 0.0 | | | | 24e. Was | an autopsy | 24b. Were autopsy findings | | |
| law requires been s | Siet | PNEUMONIA | | | | perfo | rmed? ` ' | availeble prior to completion of cause of death? | | |
| I Relay | E O | | | | | 101 | ras 2 No | 1 □ Yas 20 No | | |
| Vital I | Bec | 25. Wes case referred to medical | | | 26 Place of | Deeth (Check only of | - | 1 1 1 43 × 2 1 1 1 1 0 | | |
| A 2 2 5 | ToB | examiner? 1 ☐ Yes 2 🔀 No | Hospitel: 1 ☑ Inpatient 2 | ☐ ER/Outpatient 3☐ | Other | ng Home 5 ☐ Rasio | | er (Specify) | | |
| O £ 5 6 | | 27. Menner of Death | 28a. Deta of fnjury (Month, Dey Year) | 28b. Time of | 28c. Injury at Work? | | now injury occur | | | |
| | atio | 1 Natural 5 Pending 2 Accident investigation | | Injury | 1 Yes 2 No | | | | | |
| Division or Attending I after deeth. Director: After I in by the fune | tigo | 3 Sulcide 6 Could not be determined | 28a. Placa of Injury - At building, etc. (Spec | homa, farm, street, fee | etory, office | 28f. Location (S City or Tox | Street end Numb | per or Rural Route Number, | | |
| Is after Di | Certification: | | | | | J., J., 707 | , 0.0.0/ | | | |
| DIVISI To the Hospital or Attent within 24 hours after dealt To the Funeral Director: completely filled in by the | edicai | (Check only 2 Medical Exam | valcian: To the best of my kr liner: On the basis of examin | nowledge, deeth occur | red at the time, dete end p | elece, and due to the | cause(s) and mo | anner es stated. | | |
| the the mplet | Med | Oney . | and menner statad. | | | | | | | |
| 5 1 × 5 0 | - | 29b. Signatura and titla of certifiar | n D | | 29c. License number | | | d (Month, Day, Year) | | |
| | | 7 7 1 | | | X4740 | | 6-1 | ~ 7/ | | |

Registrar



State of Maryland / Department of Health and Mental Hygiene 16896 Item: #8 Per FH Film G-755 1-22-98RC Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** BATKO VIOLET 7:00 PM JUNE 1997 01 /Medical 4e. Fecllity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** MORNINGTON ROAD DUNDALK BALTIMORE 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Dete of Birth (Month, Dey, Yeer) June 7, 1908 6. Sex Funeral Birthplece (State or Foreign Country) Deys 1□M 2XF Months Hours 215.32.7908 88 Yrs Director ENNA Usuel Residence of Decedent 10e. Stete 10b. County works ! 10c. City, Town or Location 10d. Inside City Limits Trust be notified at BALTIMORE DUNDALK 1 ☐ Yes 2 No Funeral Director MD. 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? MORNING TON 7011 21222 ltems : 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Maritel Stetus the Medical Examiner Pages 1 end 2 should be filed within 72 hours effer nent of Health end Mental Hygiene. ant: If item 27 le merked other then "natural", or ite 1 Never Merried 2 Married 21215-0020 1 ☐ Yes 2 No Specify: Completed by Specify: WHITE 3℃ Widowed 4 Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) HOMEMAKER HOME OWN traumatic event. Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) JOSEPH DOLFI MARIA DOLFI 0 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) ESTHER COLEMAN 6209 IROQUOIS FLA. 33556 other Baltimore, 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Locetlon - City or Town, Stete 1 ☐ Burlal 2 Cremetion 3 ☐ Removel from State permit. Page Department of Important: If any Injury or 6.3.97 4 ☐ Donetion 5 ☐ Other (Specify) Crem ATOCX 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility
Connelly Forerac of andalk Homz Sollers POINT. RA BALTO. MD ZIZZZ 7110 23e. Part1. Enter the disease or complications that ceused the death. On not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear feiture. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediate Cause (Final disease or condition resulting in deeth) arrythmia **Examiner** Due to (or es e consequence of): Valuviar The law requires that the death certificate be executed bunel-transit Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): pue Box 68760. attending physiclan Physician/Medical Due to (or es e consequence of): 30 415 P.O. I Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 1 Yes Division of Vital Records, þ Completed 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 No 20 No After this certificate 1 Yes Physician: Be 25. Was cese referred to medicel 26. Piece of Deeth (Check only one) 9 1 Yes 2 No Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) edical Certification: 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? Attending 5 Pending Investigation 1 Deturel 2 Accident death 1 Tyes 2 No Director 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) â 4 Homicide ò 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signature end title of certifier 29c. License number of person who completed cause of deeth (Item 23e) (Type, Print) 1576 Merritt Blud Soite 17 110 State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene IIEM: 24a.25, per DR. G-748 6-5-97 eohITEM: 2Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth amphe 06 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth + Rehab. 6334 Cedar Lane olumbia Howard If Under 1 Year 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) Sex 1□M 2MF Deys Months 52 South Carolina Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Maryland Howard Columbia 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 10514 Williamtell Lane 21044 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give 11. Marital Status Was Decadent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 218 No Specify: **Black** 3 ☐ Widowed 4 ☐ Divorced Year or Detes: 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) William Cambell unknown 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 20906 Paul Campbell/nephew 4103 Postgate Terrace, Silver Spring, Maryland 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetery or other plece) Date 20c. Locetion - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☒ Other (Specify) in State 21. Signature of Peneral Service Ucunses | Wade, Director State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death Immediate Ceuse (Finel disease or condition resulting in death) Moll bue to (or es e consequenca ot): unth neumonia Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequença of): Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown mult injust dementer 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveileble prior to completion of cause of deeth?

Physician /Medical **Examiner**

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certificate

After this

eral Director: After thi death. efter 6

To the Hospital o within 24 hours ef To the Funeral Di completely

Attending Physician:

The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Physician

/Medical

Examiner

10e. State

Funeral

Director

Show

ral', or items 23a or 28a-f shore Examiner must be notined at

Pages 1 and 2 should be filed within 72 hours after ment of Health and Mentel Hygiene.

If item 27 is marked other than "natural; or ite may or other traumatic event, the Medical Examine

Baltimore, Maryland 21215-0020

Funeral Director

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Examiner Physician/Medical þ Completed 25 Was case referred to medical Be Medical Certification: To

mulliple decotation

1 ☐ Yes 2 No

1 ☐ Yes 2 ☐ No

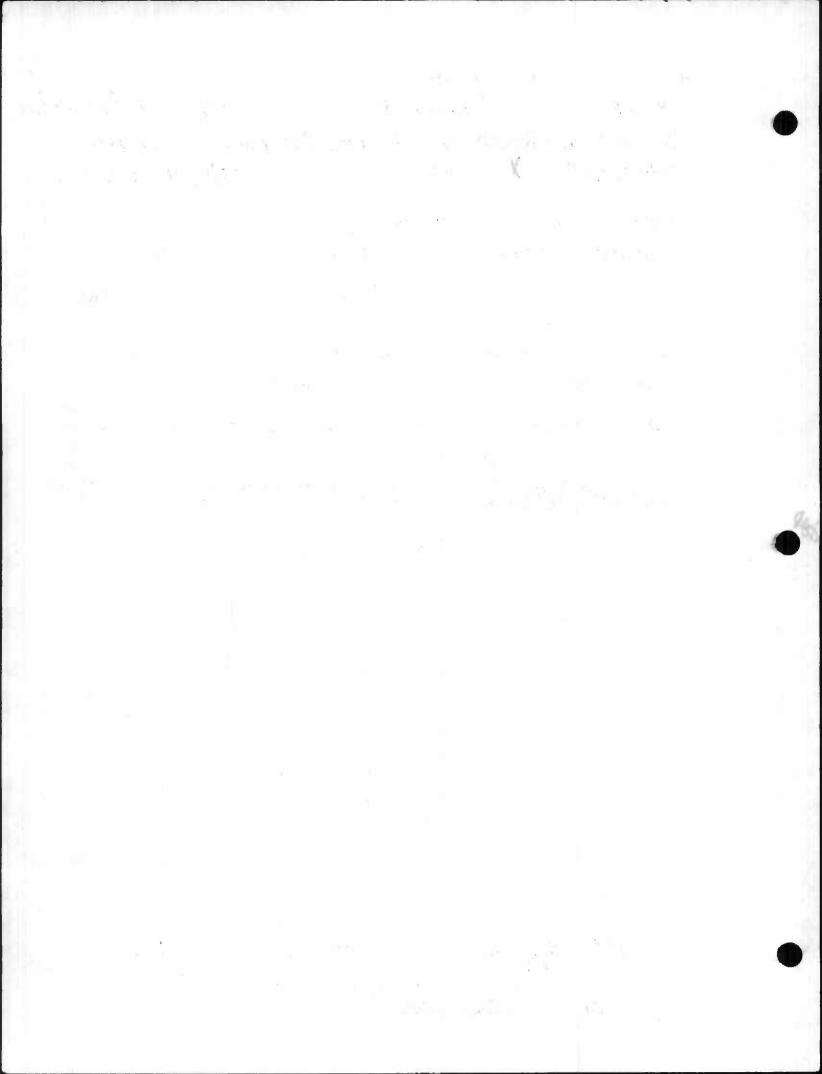
| | aminer? | od to medical | | | | 26 | . Plece of De | eeth (Check only one) |
|----|--------------------------------------|---------------------------|----------------------------|-------------------------|----------|-----------------------------------|---------------|--|
| | Yes 2⊠ N | No | Hospitel: 1 ☐ Inpatient | 2 ☐ ER/Outpetient | 3□ | DOA Other: | A S Nursing | Home 5 ☐ Residence 6 ☐ Other (Specify) |
| 2[| nner ot Deeth Naturel Accident | 5 Pending investigation | | | М | 28c. Injury et Work? 1 Yes | 2 🗆 No | 28d. Describe how Injury occurred |
| | Suicide Homicide | 6 Could not be determined | | / - At home, ferm, stre | et, fect | ory, office | | 28f. Location (Street end Number or Rural Route Numb |

| (Check only one) | Medical Examiner: On the basis of examination er end menner steted. | | |
|-------------------|---|---------------------|----------------------------------|
| 29b. Signeture ar | nd title at certifier | 29c. License number | 29d Date signed (Month Day Year) |

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)

Collembin 32. Registrar's Signature 31. Date tiled (Month. O NUL 5

State Registrar



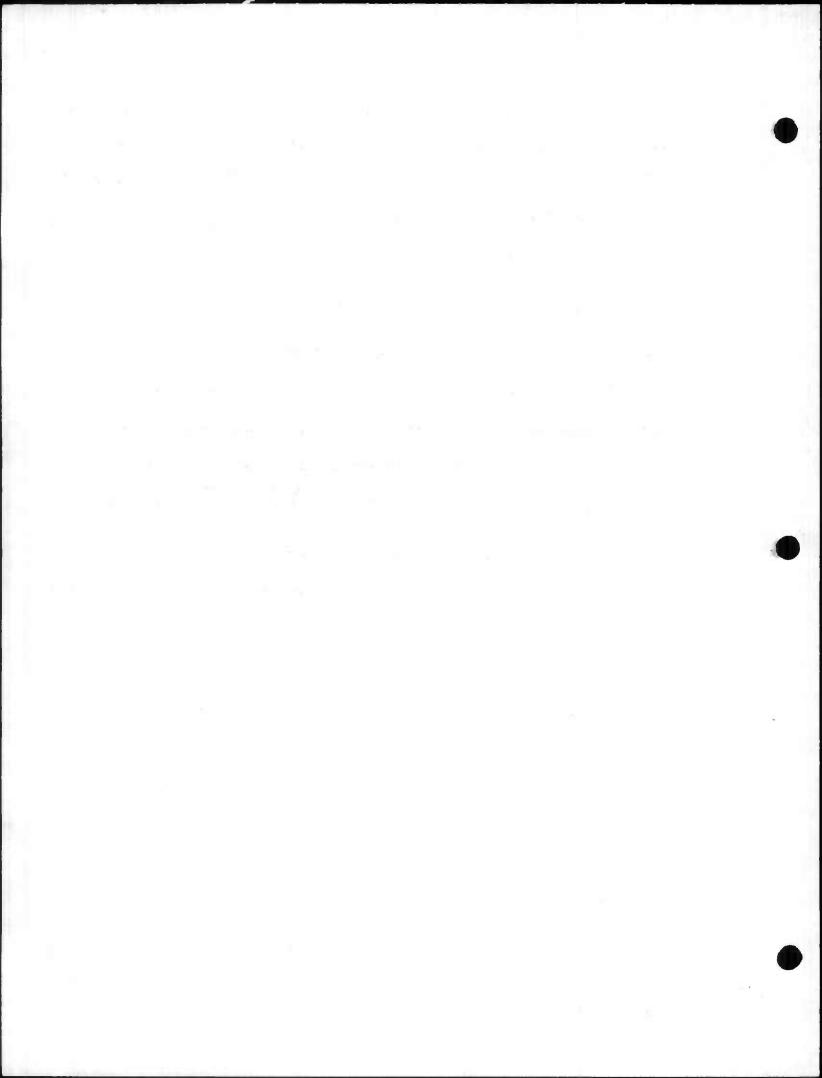
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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| | | | | | | | C | erunca | ate of | Death | | - | Reg. N | lo. | | | |
|----------------|---|---------------------|---|--|--|--|-------------------------------------|-----------------------|------------------------------|-----------------------------|-----------------------|--------------------------------|--------------------------|--------------|-----------------------------------|---|-----------------------------------|
| | Physic /Medi | | | | aniel | | ter Cri | sme | | | | 2. Date of D Month June | 0 | 2 19 | | | e of Death |
| À | Exami | ner | 7450 E | (If not institution, g | | | er at Ri | ivers | | 4b. City, To Belc | | ocation of Dea | ath 4 | c. County | of Death | rd | |
| | Funeral Director | | 5. Social Security 212-26 Usual Residence | 2070 | Sex 1 M 2 F | 7. Aga (In | yrs. last birthday Yrs. | Month | der 1 Yaar s Days | | | 8. Date of B (Month, D | irth bey, Yea 5, 1 | | 9. Birthp | | te or Foreign |
| | Menyland H show | tor | 10a. State | 10b. County | ford | 10 | c. City, Town or Forest | | 11 | | | | | | 1 | | e City Limits |
| | r 28s | ie S | 10e. Street and N | umber | | | | 10f. 2 | Zip Code | | | | 10g. C | Citizen of V | Vhat Cour | ntry? | |
| | h wit | a D | 276 Sp | encer C | ircle | | | | 210 | 50 | | | | USA | A | | |
| 020 | filed within 72 hours after death with the Meryland Hygiene. ther than "natural", or items 23s or 28s-f show ont, the Modical Exeminer must be notified as | by Funeral Director | | rried 2X Married | 12. Was Dec Armed F 1X Yas If Yes, G Yaar or I | orces? 2 No. | in U,S. 13 | | | | | ecify Yes or N Ricen, atc.) | lo- | Biac | e - Americ ck, White, : Whi | atc. | ١, |
| 21215-0020 | within 72 ho iene. r than "natur the Medical | Completed by | (Specification) | 15. Decedent's I ecify only highest g condary (0-12) | rede complated | (1-4or 5+) | (Giv | e kind of 1 DO NOT | usa retire | dunina mos | | ing | | Kind of Bu | | | ructi |
| | filed with Hygiene. ther than | | | e (First, Middle, Las | et) | | DLy | Wall | LIIC | | | a (First, Middi | - | | | JIISL | Lucti |
| Maryland | e d ai b | To Be | | alter E | | mer | | | | TO. INOTHE | | essie | | | | | |
| a | d 2 should th and Mer 7 is marke traumatic | | 19a. Informant's | Name/Ralationship | (Type, Print) | | 19b. Ma | iling Addre | ss (Street | end Numbe | ar or Run | al Route Num | ber, City | or Town, | Stata, Zip | Coda) | |
| Baltimore, I | Pages 1 en nent of Heal int: If Item 2 iry or other | | 20a. Method of Di | sposition Moreover 1 Specific | ☐Removal from | State | 276 Ob. Place of Disposemetery, cr | emat | ory, | Inc. | 6/3 | 3/97 | | Balt | imor | | |
| Ban | permit. Page Department of Important: If any injury or once. | | | Tuneral Servica Llca | MCNIT | nalo | | | | | | of Mar Baltim | | nd, I | nc. 21228 | 3 | |
| | Physician /Medical Examiner | | 23a. Part1. Enter shock, or he Immediate Cause disease or condit rasulting in death | ion | | | IRATIO | ntar tha m | oda of dyir | ng, such as | cerdiac | or respiratory | arrast, | · van video | | Approxi Intarval | Batween nd Death |
| | | ē | rasaking in coath | , | Die | | to (or as a cons | | | /61 | Su | RCTTC | 1 1 | | - | mo | NTHS |
| ,09 | certificate be executed ding physician end ise es the burial-trensit | i Examiner | Sequentially list of any, leading to ceusa. Enter Und Cause (Disease of | conditions, immadiate derlying or injury | b | Due | to (or as a cons | 1 | CAL | /// | 173 | 10170 | | | | | |
| ox 68760, | certif nding use es | n/Medical | that initiated even resulting in death | IS | d | Due | to (or as a conse | equance o | f): | | | | | | | | |
| מ | | clai | Part II Other sinn | ificant conditions | contributing to a | looth but no | at reculting in the | undarhia | onuco ob | on in Bart I | | 22h Di | d tobacc | 0 1150 000 | neelbreen e | the one | se of death? |
| 7 0 | that the dended by the ended is | Physician | | HEMIC | | | DISEA | | causa giv | en in Part i | • | | | 2□ No | | | Unknow |
| VITAL Hecords, | aw requires is been sign 2 should be | Completed by | | | | | | | | | | 24a. Wa | s an aut formed? | | av | ara autop ailable pr mplation daath? | sy findings for to of causa |
| r | The la | NO. | | | | | | | | | | 10 | Yes | 2 No | 10 |] Yas | 2□ No |
| 12 | ysician: The | Be (| 25. Was cese refe examiner? | erred to medicel | | | | | | 26. Place | of Deat | h (Check only | ona) | | | | |
| 5 | Phys this rel di | 은 | 1 ☐ Yas 25 | | 28a, Date | of Injury | 2 ER/Outpati | | | 40010 | | ma 5 Res | | | | y) | |
| 5 | Attending For death. | ation | 1 Natural 2 Accident | 5 Pending Investigation | (Mor | nth, Dey Ye | er) injury | | 28c. Injur Wor | rk? Yas 2□ | No | | | | | | |
| DIVISION | 757 | Certification: | 3 ☐ Suicide 4 ☐ Homicide | 6 Could not data mina | d ∠oa. Plac | e of Injury - ling, etc. (S | At home, farm, soecify) | treet, fact | ory, office | | | 28f. Location City or T | | | er or Rure | / Route f | Vumber, |
| | To the Hospital of within 24 hours at To the Funeral D completely filled | edical | 29a. Certifiar (Check only one) | 100 Cartifying P 2 Medical Exa | minar: On the b | e best of my pasis of exa nner stated. | knowledga, daa mination and/or i | th occurre | ed at the tir on, in my o | me, date an ppinion, dea | d place, th occurr | and due to th | e cause(e, date a | s) and ma | nner as s and due to | tated. the ceu | sa(s) |
| | To the within To the | Me | 29b. Signatura an | | , | | 0- | | 9c. Licens | | ~ | , | | ate signed | | | |
|) | 1 0 | | 30. Name and add | drass of person who | completed cau | ise of death | (Item 23a) (Type | | | | | 5 | | | | | |
| | 10 | | ANDRE | EN NO | WAKE | WJK | 1, M | | 125 | - Nr | MA | TN ST | . 2 | 352 / | 1118, | NO | 2014 |
| | Sta | ate | 31. Date filed (Mo | 15 1997 | Suna 1 | Registrar's S | Signature | | | | | | | | | | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Death Melvin ano lar 4a. Facility Name (If not institution, give street end number, 4b. City, Town, or Location of Death 4c. County of Deat Salti If Under 24 Hrs. O mor 7. Aga (In yrs. last birthday) 5. Social Sacurity Number If Undar 1 Yaar 8. Deta of Birth 220 Months Days 220-64-756. Usual Residence of Decedent M 20 F Hours 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits Yas 2 No laryland imor 10e. Street end Number 10f, Zip Code 10g. Citizen of Whet Country? 2602 13. Was Decedent of Hispanic Origin? (Spacify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever In U,S. Armed Forcas? 1 ☐ Yes 2 No If Yes, Give 11. Meritel Stetus 14. Race -American Indien Black, White, etc. 2 Married 1 Nevar Marriad 1□ Yes 20 No Specify: 3 Widowed Hmerican Year or Dates: 15. Decedent's Education (Specify only highest grede complated) 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. pDO NOT ligse retired) 16b. Kind of Business/Industry Elementary Secondary (0-12) College (1-4or 5+) abor Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maideo 19a. Informent's Neme/Reletionship (Type, 19b. Meiling Address (Street end Number of Rurel Route Number, City to. Md. 21215 20a. Method of Disposition 1 Burlal 2 □ Cremetion 20b. Place of Disposition (Nema of 20c. Location - City or Town, State 3 ☐Removel from State lowne, 4 ☐ Donation 5 ☐ Other (Specify) 21. Sigpe te of Funeral Service Dicensee the durage, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory an india a. List only one cause on each line. Approximata Intervel Between Onset end Deeth Immediate Cause (Finei Autic Aneurysin hours disease or condition resulting in death) Dissection 6 months Sequentielly list conditions, if any, leading to immediata cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Last Dua to (or as a consequence of) 39 years Syndrome Dua to (or es e consequance of): 23b. Did tobacco use contribute to the ceuse of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy 1 ☐ Yes 2 ☐ No 1 D Yes 2 No 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth

The law requires that the death certificate be executed of Vital Records, P.O. Box 68760, After this certificate has been signed by the attending physician Iuneral director, page 2 should be deteched for use as the burie Physician: vislbn

Physician

/Medical

Examiner

Funeral

Director

item 27 is marked other than "naturel", or items 23s or 28s-1 show other traumatic event, the Medical Examinar must be notified at

Funeral Director

þ

Completed

Be

2

Physician/Medical Examiner

by

Completed

Be

2

edical Certification:

72 hours efter death with the Marylend

filed within

Hygiene.

permit Pages 1 end 2 should be i Department of Health and Mental Important: If item 27 is marked or

5

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I.

axaminer? 1 Yes 2 No

6 Could not be determined

28e. Date of injury (Month, Dey Year) 5 Pending investigation

28b. Tima of

28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

28c. Injury et Work?

1 ☐ Yes

28d. Describe how injury occurred

29a, Certifier (Check only one)

1 Watural

2 Accident 3 Suicide

4 Homicide

1 Certifying Phyeicien: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medicat Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end pieca, end due to the ceuse(s) and menner steted.

29b. Signeture and title of certifier

29c. License number D44841 29d. Date signed (Month, Dev. Year)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

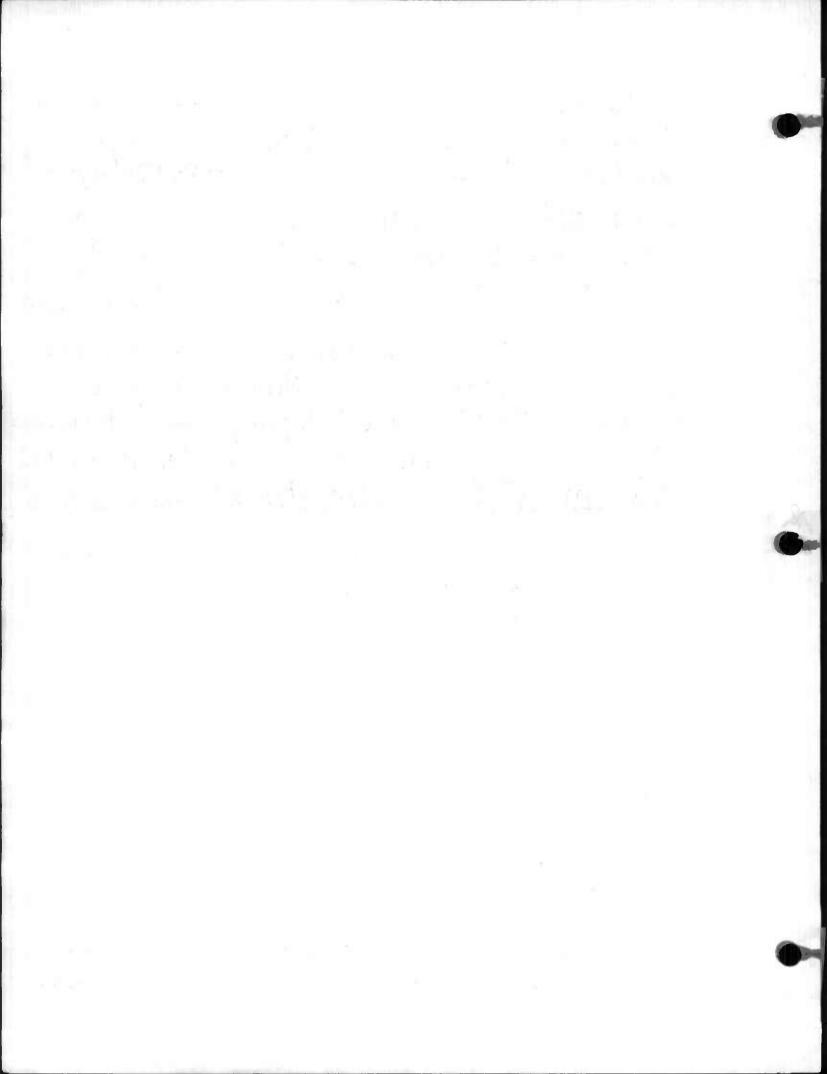
30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

MA 600 N Wolfe St, Baltimore, Md 21287-4618 DUSSMAN

31. Dete filed (Month, Day, Year)

State Registrar

To the Hospital within 24 hours

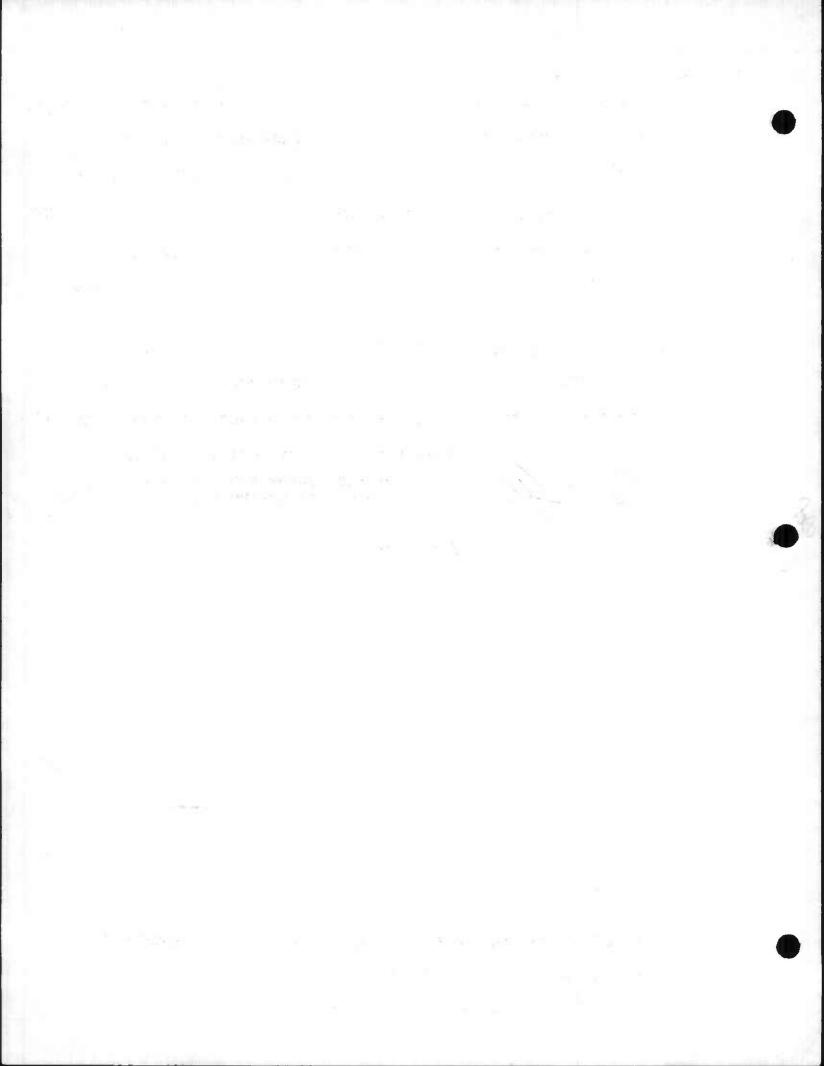


State of Maryland / Department of Health and Mental Hygiene 6900 Certificate of Death ITEM# 26 PER PHYNS. FLM#G748 6/5/97 J.A. 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death Month **Physician** DARLENE CONKLIN 19, 1997 MAY 8:20 A.M /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner 12128 BUTTONWOOD LANE MIDDLE RIVER BALTIMORE If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** Deys Months 1 M 2X F 213-70-3267 Yrs. Director 38 SEPT. 29, 1958 MD. Usual Residence of Decedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Location show 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at MD. 1 Yes XIXNo Directo BALTIMORE MIDDLE RIVER 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code 12128 BUTTONWOOD LANE 21220 Funeral U.S.A. death 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American indien, Bleck, White, etc. filed within 72 hours after 1 Never Married Married 1 ☐ Yes 2 XNo If Yes, Give Yeer or Detes: Athas Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: WHITE by 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 12 YRS. CLERK 1 YR. U.P.S. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be permit. Pages 1 and 2 should be f. Department of Heelth and Mental Important: if item 27 is marked of any injury or other traumatic even DOYLE MCELROY 2 HELEN KOZAK 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) EDWARD LEE CONKLIN 12128 BUTTONWOOD LANE, BALTIMORE, MD. 21220 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 Buriel 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) HOLLY HILL CEMETERY 5/22/97 BALTIMORE, MD. 22. Neme end Address of Fecility BRADLEY ASHTON FUNERAL HOME, INC. 2134 WILLOW SPRING RD. BALTIMORE, MD 23e. Part1. Enter the disease, or compare shock, or heart feilure. List only one ations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, a cause on each line. Approximete 1 2 2 2 Intervel Between 2 2 2 Onset end Deeth **Physician** /Medical Immediete Cause (Final disease or condition resulting in deeth) 6 yrs Examiner Examiner and I-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or es e consequence of): attending physician a for use es the buriel Box 68760. certificate be Physiclan/Medical thet initiated events resulting in deeth) Lest Due to (or es e consequence of) P.O. Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 thknown Records, by 24b. Were eutopsy findings eveileble prior to completion of cause of death? Completed 24e. Wes en eutopsy 1 Yes 2 No 1 Yes 2 No Division of Vital 25. Wes case referred to medical exeminer?

1 Yes 2 No Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Nursing Home 6 Other (Specify) 2 After this funeral 27. Menner of Death 28e. Date of injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Certification: Attending 5 Pending investigation 1 Neturel injury s efter death. 1 Yes 2 No 2 Accident filled in by the 3 ☐ Suicide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Thomicide To the Hospital o within 24 hours ef To the Funeral Di completely filled in 1 Certifying Phyelclan: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) end manner stated. 29a. Certifier Medical 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) formald attarasion O 0-28017 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Brint) 1017 010 N. Point Road Balt Md. 21224.

State Registrar JUN 0 5 1997



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3 Time of Death **Physician** Onr /Medical 4a. Facility Nema (if not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner MARY University land Medical System Galtimore N/A If Undar 1 Yee 5. Social Security Number 6. Sax Undar 24 Hrs. 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral** 9. Birthplaca (Stata or Foraign Months Davs Hours 401-40-4371 Director 66 OCT 14,1930 KENTUCKY Usual Rasidanca of Decadant the Maryland 10e State 10b. County 10c. City, Town or Location show 10d. Insida City Limits traumatic event, the Medical Examiner must be notified at MD DORCHESTER Director ELLIOTT ISLAND 1 ☐ Yas 2 X No 28a-f 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 Items 23a 2331 ELLIOTT ISLAND ROAD 21869 U.S.A. death Funeral 12. Was Dacedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Maxican, Puarto Ricen, atc.) 14. Rece - American Indien. Pages 1 and 2 should be filed within 72 hours after or ant of Health and Mental Hygiene. Black, White, etc. ∜∏ Yas 2 □ No if Yas, Giva Yaar or Datas: KOREAN 1 Never Married 2 N Married Baltimore, Maryland 21215-0020 5 1 ☐ Yas 2 No by Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE "natural", Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry al Hygiene. Elemantary/Sacondary (0-12) Collaga (1-4or 5+) PLUMBER SELF-EMPLOYED 12TH GRADE 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maldan Surnama) Be h and Mental ! C. E. COY ROSA L. SAALBWAECHTER 2 19a. Informent's Name/Relationship (Type, Print) (WIFE) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) permit. Pages 1 and 2 a Department of Health ar Important: if item 27 is any injury or other treu 2331 ELLIOTT ISLAND ROAD - ELLIOTT ISLAND, MD 21869 BRIGETTE C. WINKLER-COY 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Steta Deta 1 Burial 2 Cramation 3 Ramoval from Stata 6/4/97 4 ☐ Donation 5 ☐ Other (Specify) CARROLL CREMATION SERVICE HAMPSTEAD, MD 21. Signature of Funeral Service Licenses 22. Nama and Addrass of Facility HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23a. Part / Entar tha disaasa, or complications that caused tha death. Do not antar the mode of dying, such es cerdiac or respiratory errest, shook, or heart failure. List only one cause on each line. **Physician** Right Carotid (

Pharyngo - Cu

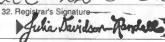
Dua to (or as a consequence of):

Dua to (or as a consequence of): /Medical Immediata Cause (Final disease or condition resulting In death) **Examiner** Examiner Saquantially list conditions, if any, leading to immadieta causa. Entar Undarlying Causa (Diseasa or Injury that initiated events rasulting in daeth) Last arynaecton Division of Vital Records, P.O. Box 68760 or Attending Physician: The law requires that the death certificata be Physician/Medical the attending p signed by the al Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Be Completed 24a. Was en autopsy performad? 24b. Wara autopsy findings available prior to completion of cause of death? peeu certificate 2 | No 1 Yas 2X No 25. Was case refarred to medical 26. Piace of Daeth (Chack only one) axaminar? 1 Yas 2 No Other: 4 ☐ Nursing Homa 5 ☐ Rasidence 6 ☐ Othar (Specify) 2 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Magner of Death 28a. Data of Injury Medical Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred After 1 Naturel 2 Accidant 5 Pending investigation death. 1 ☐ Yas 2 ☐ No d in by that 6 Could not be determined 3 Suicida 28e. Placa of Injury - At homa, farm, street, factory, offica building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homlcide the Hospital within 24 hours a
To the Funeral C 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end placa, and due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of axaminetion and/or invastigetion, in my opinion, death occurred at the time, date and pleca, and due to the ceuse(s) and mannar stated. 29e. Cartifiar (Check only one) 29b. Signature and titla of certifier 29c. Licanse number 29d. Data signed (Month, Dey, Year) 30. Nama end addrass of parson who complated cause of death (Itam 23a) (Typa, Print) Greene St. Baltimore, 4d. 21201 ouglas

State Registrar

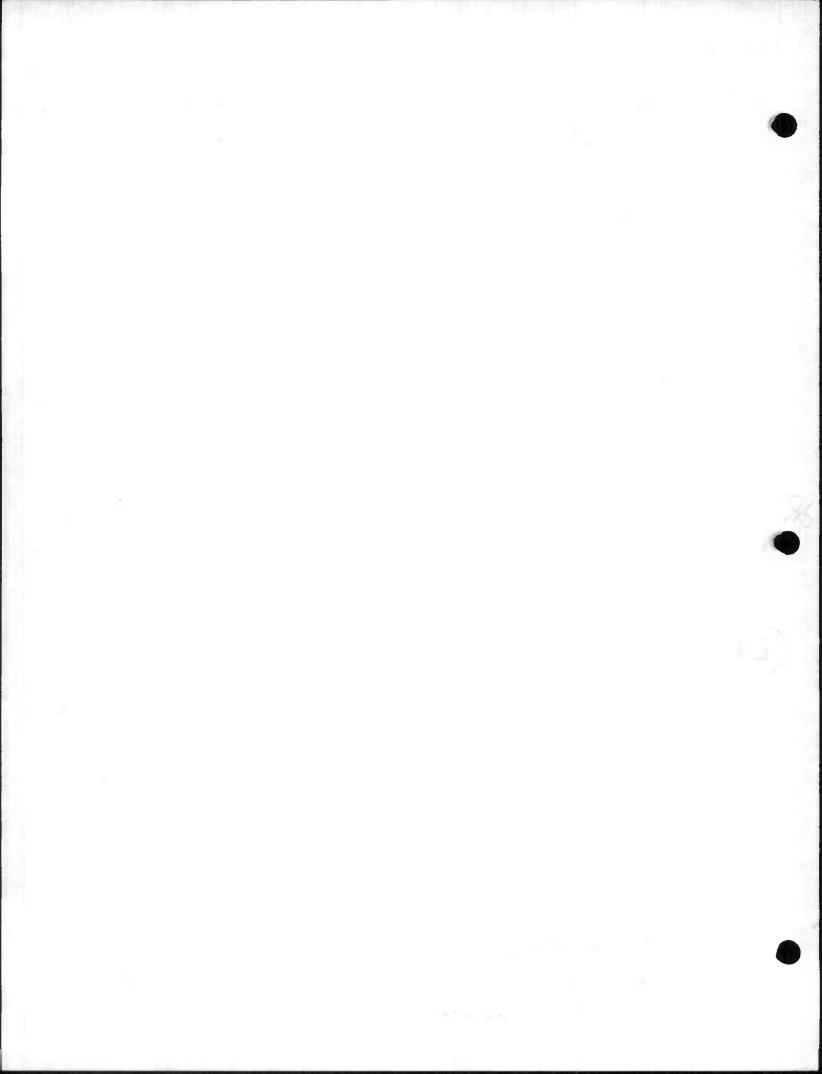
JUN 0 5 1997

31. Deta filad (Month, Day, Year)



| Physic | ian | 1. Decedent's Neme (First, Middle, La | | | | 2. Dete of Dee Month | Reg. No. oth Dev | Yeer 3. | . Time of Death |
|--|--|--|--|---|---|--|--|--|--|
| /Medi | ical | 4e. Fecility Neme (If not institution, giv | ENUME DI | NRIN | th City Town ord | MAY | 30, 19 | 97 | 10:45 P |
| Exami | ner | 3527 REISTER | | | 4b. City, Town, or L | IMORE | 4c. County | of Deeth | |
| Funeral | Г | Social Security Number 6. S | Sex 7. Age (In yrs. | | ar if Under 24 Hrs. | 8. Date of Birth (Month, Dey |) Veerl | 9. Birthplace | (Stete or Foreign |
| Director | _ | Usuel Residence of Decedent | 10 M 20 F 34 | Yrs. Months De | ys Hours Min. | DEC. 7 | 1962 | Mary | (MD) |
| wow # | | 10e. State 10b. County | 10c. Cit | ty, Town or Location | | | | 10d. i | inside City Limits |
| al', or items 23a or 28a-f show Examinet must be notited at | ctor | Harylono N/0 | | BAltiano. | 18 | | | | 1 2 105 2 No |
| a or 2 | Funeral Director | 10e. Street end Number | aut. Pu | 10f. Zip Cod | 2/2/5 | | 10g. Citizen of | What Country? | |
| ms 23 | lera | 3527 (£1578) | 12. Was Decedent Ever in U | | | pecify Yes or No- | | ce - American in | ndien, |
| or its | | 1 Never Married 2 Married | Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give | If Yes, specify C | of Hispenic Origin? (S) Juben, Mexican, Puerto No Specify: | o Rican, etc.) | | ck, White, etc. | |
| natural, or | d by | 3 ☐ Widowed 4 ☐ Divorced | Yeer or Detes: | TILI Fes Zea | чо Зреспу: | | Specify | Blac | 1c |
| | Completed | 15. Decedent's Ed (Specify only highest gre | ducation ade completed) | 16a. Decedent's Usuel Oc (Give kind of work do life. DO NOT use rei | ne during most of work | king | _ | usiness/Industr |) |
| P B | dwo | Elementery/Secondary (0-12) | Cottege (1-4or 5+) | Construct | Son Word | EEN | Privi | 0/z /30 | ciness |
| vent, | BeC | 17. Fether's Name (First, Middle, Last) |) | | 18. Mother's Nam | | Maiden Sumen | ne) | |
| | 10 | JOHN DINK | ias | | Magg | 118 0 | Augh | n | |
| 4 5 | | 19e. Informant's Name/Reletionship (| 1 | 19b. Mailing Address (Str | eet end Number or Ru | | | Stete, Zip Coo | te) 21215 |
| Item 27 other t | | LENGT & DINKIN | 10 | 3527 [CE] | SIENSTUU | NEVA | 70.11 | FILIONE, | MA |
| or of | - | 20e. Method of Disposition 1. Buriel 2 Cremetion 3 | Removel from Stete | cemetery, cremetory or other | plece) | 15/47 | 20c. Location | City or Town, | Stete |
| Important: if I any injury or once. | | 4 □ Donetion 5 □ Other (Specifical Service Lice) | 119 | · MON (EM) 22. Name and Ad | Crefy / | VATNO | 150101 | MOVE | MI |
| Important: I any injury c once. | | 21. Signature of Fulleral Service Elde | 7 | 5540 KG | | in LOA | | | 74 . |
| | | 23a, Parti. Enter the diabase or com | plications that caused the deat | Boltin | WE. The | 2/2/1 | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
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| ucian | | and a second | one ceuse on each line. | h. Do not enter the mode of o | dying, such es cardiec | or respiretory en | rest, | Inte | proximete ervel Between set end Deeth |
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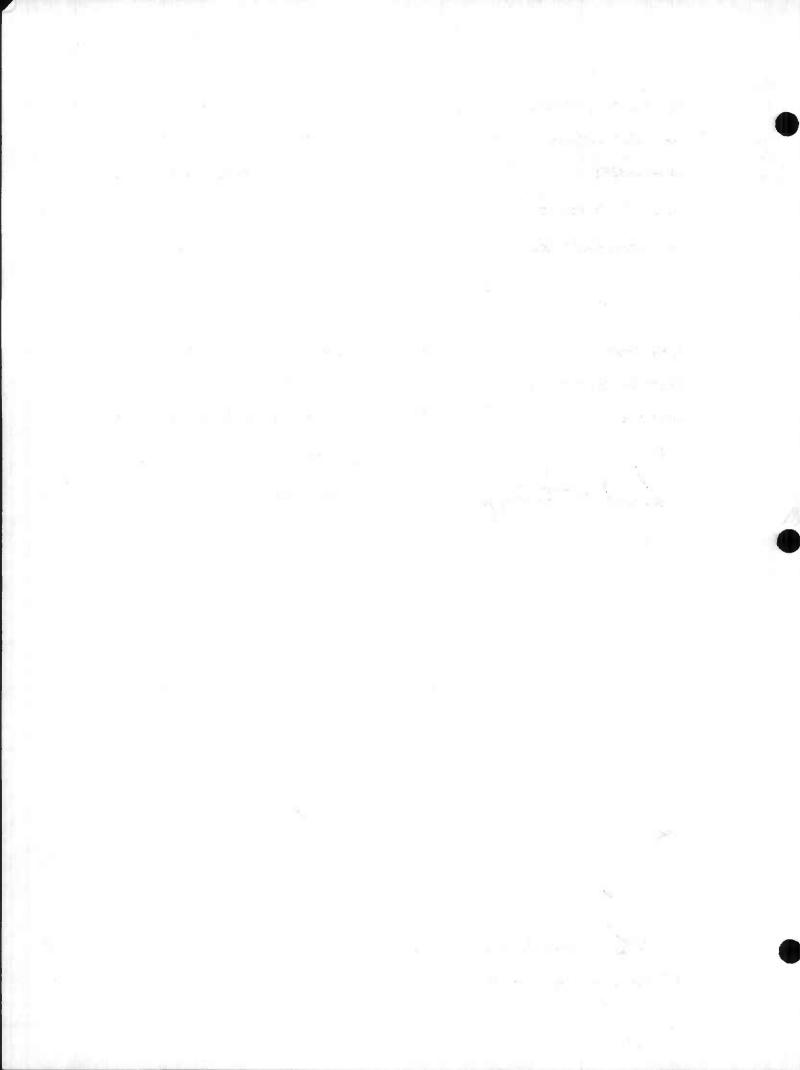
Registrar



State of Maryland / Department of Health and Mental Hygiene

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DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month 4:15 p.m Dorothy Mae Deale June 1, 1997 /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Eastpoint Nursing Center Baltimore Baltimore If Un r 2 Hrs. 5. Social Security Number If Un r 1 Y r 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) 9. Birthplace (State or Foreign Country) **Funeral** Hours 1 M 2 F Director 219-28-1178 67 Aug. 31, 1929 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location ahow 10d. Inside City Limits ral', or items 23a or 28a-f ahov Examiner must be notified at Director 1 ☐ Yes 2√ No Md. Baltimore Edgemere 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 2823 Ross Avenue 21219 U.S.A. death Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Raca - American Indien, Bleck, White, etc. 11. Maritel Status 72 hours after XIXNever Married 2 Married 1 Yes 2 No
If Yes, Give
Year or Detes: Baltimore, Maryland 21215-0020 'natural', or 1 Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed wih Department of Health and Mental Hygiene Important: if Item 27 is marked other than any Injury or other traumatic event, Ites 2006. Secretary 11. Father's Neme (First, Middle, Last) Balto.Co. Schools 18. Mother's Name (First, Middle, Maiden Surneme) Be Guy C. Deale Nora B. Flippo 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Edna Smith/ Sister 2823 Ross Ave., Balto., Md. 21219 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Moreland Memorial Pk. 6-5-97 Balto., Md. 21. Signature of Funery Service Licenses 22. Name end Address of Facility Bradley-Ashton Funeral Home, Inc. 2134 Willow Spring Rd., Balto., Md. 21222

23a. Part1. Enter the disease, or complications, but caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest,

Approximate Approximate Interval Between Onset end Death **Physiclan** Heart Disease Immediate Ceuse (Final disease or condition resulting in death) /Medical Examiner Physician/Medical Examiner terrischerose Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that in lated and the cause in the cause of the cause that initiated events resulting in death) Lest Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | No 3 | Probably 4 | Propagation þ 24b. Were eutopsy findings evailable prior to completion of cause of death? Completed 24a. Wes an autopsy performed? page 2 1 Yes 2 PNO 1 Yes 2 No 25. Was case referred to medical examiner?
1 ☐ Yes 2 No Be 26. Plece of Death (Check only one) Hospital: Certification: To Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of injury (Month, Day Year) 27. Manner of Deeth 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred 1 Netural 5 Pending Investigation death. 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide

Box P.O. Records, Division of Vital or Attending Physician: after deatl Director: in 24 hour. the Funerel Director of the filled in by the Hospital To the Hosp within 24 hou To the Fune completely fi

> 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 31. Dete filed (Month, Day, Yeer) JUN 0 5 1997

(am. 0)

MELITUM. TORRES, MD 444 S. ELLWOOD AVE. BALTO MD 21224 32. Begistrar's Signature

1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end place, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, dete end place, end due to the ceuse(s) end manner stated.

29c. License number

29d. Dete signed (Month, Dey, Year)

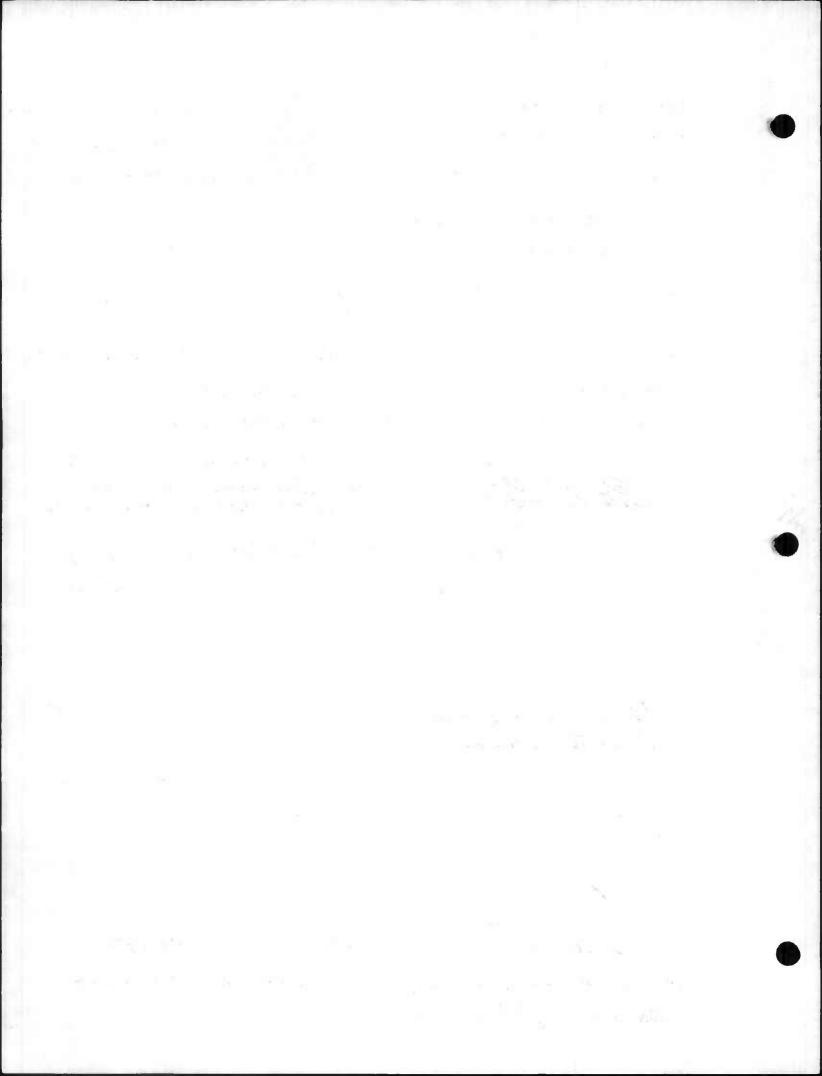
State

Registrar

29a. Certifier

(Check only one)

29b. Signeture end title of certifier



State of Maryland / Department of Health and Mental Hygiene 97

16905

| | | Cer | tificate o | f Death | Re | g. No. | , , | 0 0 0 0 |
|-------------------------------|--|--|--|---|--|-----------------------------------|------------------------------|---|
| Dhysieier | Decedent's Neme (First, Middle, Last) | | | | 2. Dete of Deeth Month | | Yeer | 3. Time of Death |
| Physician /Medical | WILLIAM (NMN) DAVIS | | | | MAY | | | 10:20 PM |
| Examiner | 4e. Fecility Neme (If not institution, give street end number) | | | 4b. City, Town, or I | Location of Deeth | 4c. County of | of Deeth | |
| | 3708 MacTAVISH AVENUE | | | 21229 | | U. | S.A. | |
| uneral irector | 5. Sociel Security Number 6. Sex 1 M 2 F 90 Usuel Residence of Decedent 6. Sex 90 1 M 2 F 90 | n yrs. last birthday) Yrs. | If Under 1 Yes Months Dey | | 8. Dete of Birth (Month, Dey, NOV 16, | | | ce (State or Foreig y) SYLVANIA |
| M W | | c. City, Town or Loc | cation | | | | 100 | d. Inside City Limit |
| notified at | MD N/A | BALTI | | | | | | 1⊠Yes 2□N |
| alD | 3708 MacTAVISH AVENUE | v ii | 10f. Zip Code 21 | 229 | 10 | g. Citizen of W | het Country | y? |
| by | 11. Maritel Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced 12. Was Decedent Ever Armed Forces? 1 □ Yes 2 ☒ No If Yes, Give Yeer or Detes: | if | Vas Decedent o Yes, specify Cu ☐ Yes 2 N | f Hispanic Origin? (S uban, Mexicen, Puert o Specify: | pecify Yes or No- o Rican, etc.) | | - Americer c, White, et | c. |
| oren | 15. Decedent's Education (Specify only highest grade completed) | 16e. Deced | ent's Usuel Occ | upation | kina 1 | 6b. Kind of Bus | siness/Indu | stry |
| T, Fre Medical | Elementery/Secondery (0-12) College (1-4or 5+) 4TH GRADE | CARPE | | ie during most of wor red) | Na s | CARPEN | TRY | |
| BeC | 17. Fether's Neme (First, Middle, Last) | | | 18. Mother's Nen | ne (First, Middle, M | aiden Sumeme |) | |
| ToB | THOMAS DAVIES | | | SARAI | H JANE CH | ICK | | |
| traumatic event, | 19e. Informent's Neme/Reletionship (Type, Print) | 19b. Mailin | g Address (Stre | et end Number or Ru | | | Stete. Zip C | Code) |
| rtra | AUDREY BROOKS (DAUGHTER) | | | ISH AVENUE | | | | |
| y or other | 20e. Method of Disposition 1 | 20b. Place of Dispos cemetery, crem | atory or other p | | Dete 2 | Oc. Location - (| | n, Stete |
| any injury or once. | 21. Signature of Funerel Service Licensee | | | Iress of Fecility UNERAL HON | | DALIIM | IOKE | |
| a 8 | police V. Sham | 67 | | ENS AVENUE | | DE ME | 2122 | 0.0 |
| for use es the buriel-transit | if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury | e to (or es e conseque | | | | | | |
| | Pert II. Other significant conditions contributing to death but no | ot resulting in the un | derlying cause | given In Pert I. | 23b. Did tob | acco use con | tribute to t | he cause of death |
| by Physicia | Congestie hent polen | | | | | | 3 Probe | |
| eted | Denentre | | | | 24e. Wes an perform | autopsy ed? | aveil | e eutopsy tindings eble prior to pletion of cause eth? |
| rector, page 2 | | | | | 1 ☐ Ye | 2000 | 1 🗆 🤊 | Yes 2□ No |
| Be C | 25. Wes case referred to medical | | | 28. Place of Dee | th (Check only one |) | | |
| 5 C | exeminer? 1 ☐ Yes 2 ☐ ¥lo Hospital: 1 ☐ Inpatient | 2 ER/Outpetient | 3□ DOA | Other: 4 Nursing H | ome 52 Resider | nce 6 Othe | r (Specify) | |
| funera tion: | 27 Menner of Deeth 1 Natural 5 Pending Investigation 2 Accident 6 Could not be | 28b. Time of Injury | 28c. In W M 1 | ury et ork? Yes 2 No | 28d. Describe how | | | |
| led in by | 4 Homicide determined building, etc. (S | Specify) | | | 28f. Location (Str. City or Town, | Stete) | | |
| completely filled in by the | 29e. Certifier (Check only one) Certifying Phyeician: To the best of my end menner stated. | aminetion end/or Inv | estigation, in my | opinion, deeth occu | , end due to the cer rred et the time, de | use(s) end mer te end piece, e | nner es stet nd due to th | ed. ne ceuse(s) |
| N Com | 29b. Signeture end title of certifier | 4 | | nse number | 29 | d. Date signed | (Month, Da | ay, Year) |
| | Chanle - V Kara | Lm) | D3 | 4957 | - | 5 | 29 - | 47 |
| | 30. Name and address of person who completed cause of deeth DR . EDMUND P . TKACZUK - 405 31. Date filed (Month, Day, Year) 32. Registrer's | FREDERICK | | SUITE 100 | O - CATON | SVILLE, | MD | 21228 |

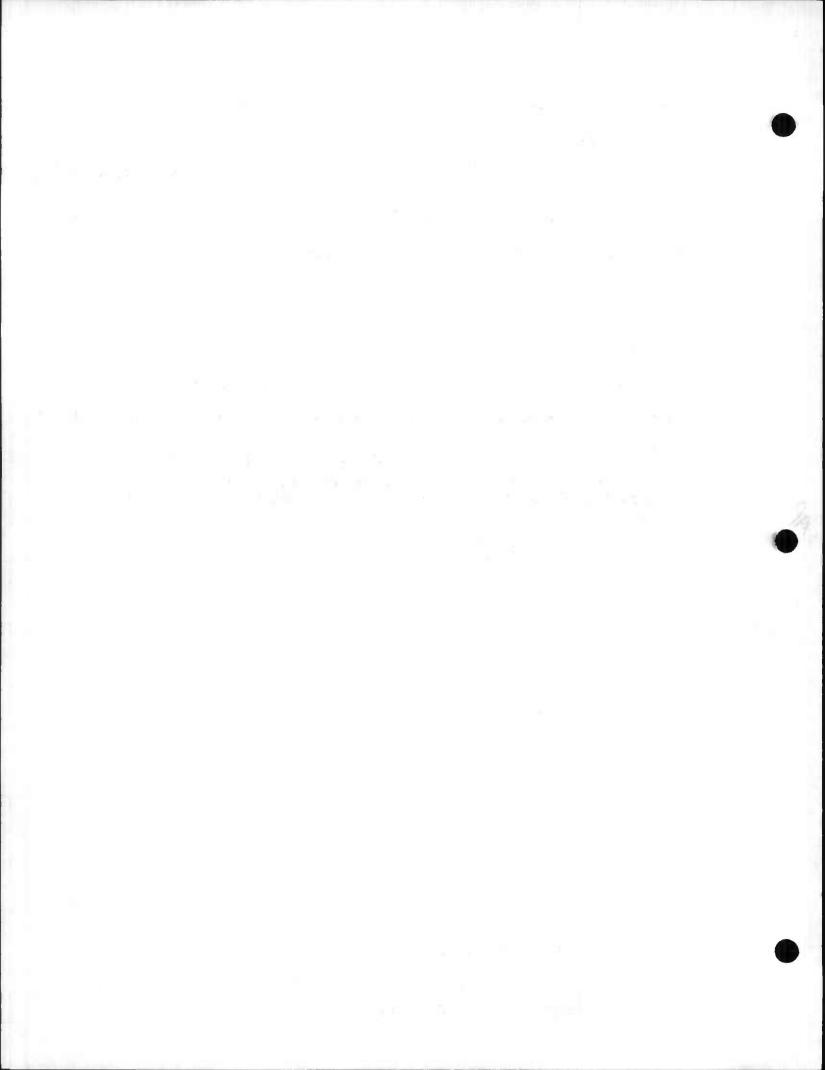
32. Registrer's Signeture

DHMH 16 Rev 6/95

State

Registrar

JUN 0 5 1997



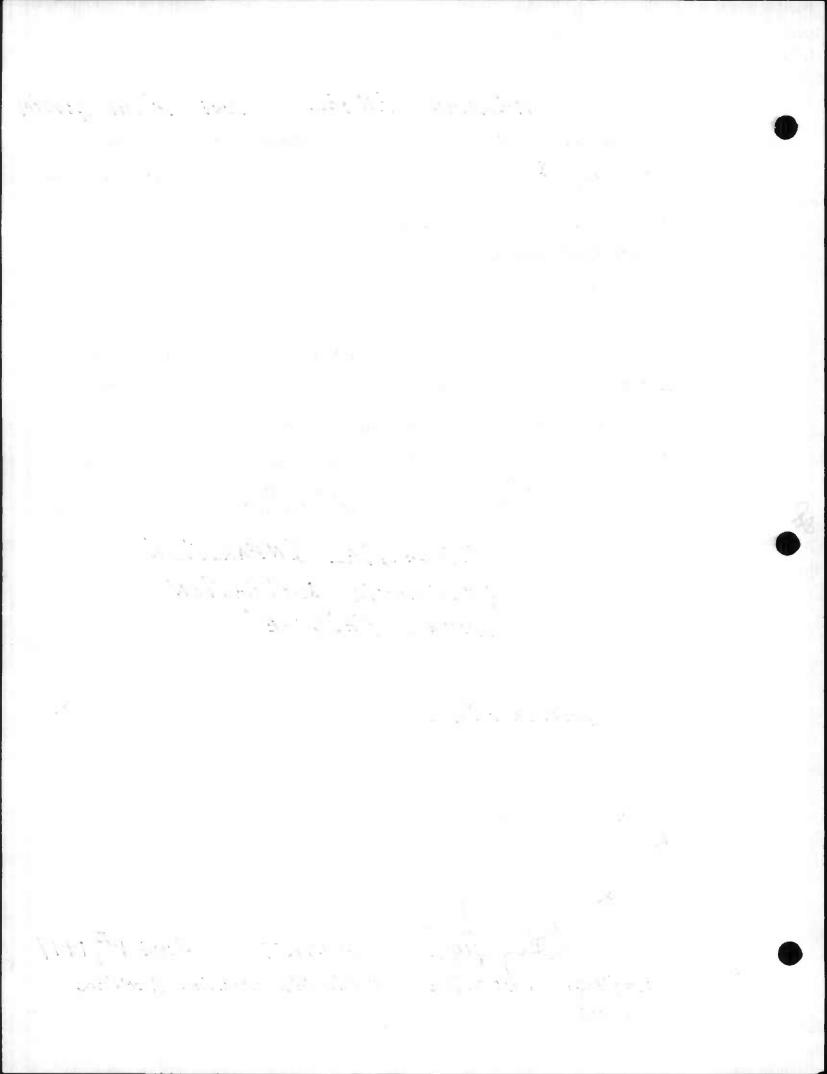
State of Maryland / Department of Health and Mental Hygiene 9

16906

| | | | | | | Ce | rtificate c | of Death | F | Reg. No. | • | |
|--|-----|--|---------------------|--|---|---|--|--|---|-----------------------------------|----------------------------|---|
| Physician /Medical | | 1. Decedent's Neme (First, Mi | | HER | MAN | 1 | ENGE | 1 | 2. Dete of Dee Month | Dey ST | Yeer 7 | 3. Time of Deeth |
| Examiner | _ | 4e. Fecility Neme (If not institu NORTHWEST HO | | | | | | | r Location of Deeth | | | |
| Funeral | | 5. Sociel Security Number | 6. 9 | | . Age (In yrs. k | | If Under 1 Ye Months De | ar If Under 24 Hr | n. (Month, De) | h /, Year) | 9. Birthple | E ace (Stete or Foreign ry) |
| Director | - | 212-09-3154 Usuel Residence of Decedent | | 10 M 201 | 93 | Yrs. | | | MAY 27 | , 1904 | | RYLAND |
| cean win the maryland ms 23s or 28s-f show r nast be notified at | - | 10e. State 10b. Cour | nty | | 10c. City | , Town or Lo | cation | | | | 10 | d. Inside City Limits |
| r 28a-f show noutled at | | MD | N/A | | В | ALTIM | ORE | | | | | 1 ☐ Yes 2 ☐ No |
| or 28s-f si be notified Director | | 10e. Street end Number | | | | | 10f. Zip Cod | | | 10g. Citizen of | What Count | ry? |
| e 23a | - | 7208 CHALKST | ONE | DR., APT. | | 2 10 | | 21208 | Consider Van er No | | ISA ca - America | n fadian |
| at', or items 23s Examiner must by Funeral | | 11. Maritel Status 1 □ Never Married 2 N M 3 □ Widowed 4 □ Divord | | Armed Force 1 Tes 2 If Yes, Give Yeer or Dete | es? XNo | | f Yes, specify C | of Hispenic Origin? (uben, Mexican, Pue lo Specify: | nto Rican, etc.) | Specif | ck, White, e | |
| ner than "natural" It, the Medical Ex. Completed by | | 15. Deced (Specify only hig | lent's E | ducation ade completed) | | 16a. Dece | dent's Usuel Oci | cupetion ne during most of w ired) | orkina | 16b. Kind of B | usiness/Indi | ustry |
| no Non | | Elementery/Secondery (0-12 | | College (1-4 | lor 5+) | life. | | | 9 | | | |
| d other t event, the Be Co | | 17. Fether's Neme (First, Midd | la. Lasi | 2 | | | SALESM | | eme (First, Middle, | | | OTHING |
| D . III | | SOLOMON | | | ENG | EL | | JESSI | 3 | RC | SENBE | RG |
| s marked sumatic e | | 19a. Informent's Neme/Reletion | onship (| (Type, Print) | | 19b. Maili | ng Address (Stre | eet end Number or I | Rurel Route Numbe | | | |
| item 27 othar tr | | HANNAH ENGEL 20a. Method of Disposition 1X Burial 2 Cremetic | | | 0.0 | ace of Dispo | CHALKSI sition (Neme of metory or other) | ONE DR., | APT. A-3 | BALTO 20c. Location | . , MD City or Tov | 21208 vn, Stete |
| Depertment of Important: if any injury or once. | | 4 Donetion 5 Other | | | ole M | BETH | TFILOR | 6/4 | 1/1997 | BALTI | MORE, | MD |
| Important: any injury once. | 1 | Signetura of Funerel Servi | ce Lice | nsee Zay | Fell- | _ | Neme end Ad | dress of Fecility NSON & BR | OC TNO | | | |
| ingenyacian and see as a burn fransit | | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseesa or Injury that initiated events resulting in death) Lest | { | b. — # | Due to (or Due to (or Due fo (or | MO as a consecutive as | quance of): V A juenca of): | IN. 1599 CURE | RATIC | ON . | | |
| by the ettendeched for us | | Pert II. Other algnificant cond | | contributing to deal | • | | nderlying causa | given In Part I. | | obacco use co ∕es 2⊡ No | ontribute to | the cause of death? |
| should be | • | <i>y</i> | 5/ | IENI | 1/1 - | | | | | en eutopsy med? | con | ra autopsy findings illeble prior to appletion of cause |
| hes m | | | | | | | | | 101 | es 2 No | | leeth? I Yes 2 □ No |
| rector, pag | | 25. Was case raferrad to med | ical | | | | | 26. Pleca of D | eath (Check only o | / \ | | 765 20140 |
| 00 | | exeminer? 1 Yes 2 No | | Hospital: | patient 2 🗆 E | ER/Outpatier | nt 3 DOA | Other: _ | Home 5 ☐ Resid | | ner (Specify |) |
| After the funeral fune | | E LI MOOIGENI | stigetio | n | Injury Day Year) | 28b. Time o Injury | | njury et Vork? Yes 2 No | 28d. Describe h | iow Injury occur | rred | |
| rs effer death. al Director: Affer t led in by the funera Certification: | | 3 Sulcide 6 Cou | ld not b irmined | Zoe. Fleca of | f Injury - At hor , etc. <i>(Specify)</i> | me, farm, sti | eet, factory, offi | Ce | 28f. Location (5 City or Tow | Street end Num m, Stete) | ber or Rural | Route Number, |
| 20 = E | | 29e. Certifier Cartif (Check only one) 2 Medic | ying Pt at Exa | nysiclen: To the be miner: On the besi end menne | est of my know is of maninati r materi. | viedga, deeti on and/or in | n occurred et the vastigation, in m | time, date end pled y opinion, daath ood | ca, end due to the courred at the time, | cause(s) and m data and place, | enner as sta and dua to | ated. tha causa(s) |
| within 24 P To the Fur completely | - 1 | 29b. Signature end title of cart | ifier | M | 4.0 | - | 29c. Lice | ense number | | 29d. Date signe | ed (Month, C | Day, Year) |
| 7 | - | 20 Name and olderes at a | 7 | JILLy- | YUL | 00-) (T | Drien) | 21151 | | JUNE | - | 1777 |
| 18 | | 30. Name end eddress of pers | D who | DER | of deeth (Item | 239) (Type, | NORT | 27157 HWEST | HOSPITA | L CE | NTE | R |

Registrar

JUN 0 5 1997



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0.7

| | | TEM: 17 per FH G- | 748_6-5-9 | | - | Certificate | | Death | | Reg. No. | 21 | 10907 |
|--|---------------------|--|---|---|-------------------------------|--|-----------------|---|--------------------------------------|------------------------------|--------------------------------------|--|
| Physic | | REGINA | niddia, Last) | | | ELGAM | ITT. | | 2. Data of De Month | Day | Year | 3. Tima of Deeth |
| /Med Exam | | 4a. Facility Nama (If not instit | ution, giva street | and number) | | 22011 | | 4b. City, Town, or L | JUNE ocation of Deat | 2 h 4c. Cour | 1997 Ity of Death | 6:30 AM |
| LAdin | 1161 | PIKESVILLE N | URSING I | HOME | | | | PIKESVI | LLE | | LTIMOF | RE |
| Funera Director | | 5. Social Sacurity Number 214–68–0790 Usual Rasidance of Decadar | 6. Sax 1 □ M 2 | 7. Ag | e (In yrs. last birti 70 Y | hday) If Undar Months | 1 Yaar Deys | | 8. Data of Bir (Month, Da JAN. | | - | place (Stata or Foraign |
| ehow | | 10a. Stata 10b. Co | | | 10c. City, Town | or Location | | | | | 1 | 10d. Insida City Limits |
| vith the Maryla or 28a-f ehor | to | MD | N/A | | | BALTIMOR | Œ | | | | | 1 □Xas 2 □ No |
| or 28 |)irec | 10e. Street and Number | | | | 10f. Zip | Coda | | | 10g. Citizen o | What Cour | ntry? |
| ath w | Ta I | 6502 EBERLE | DR., AP | r. 302 | * | | 21 | .215 | | | USA | |
| 21215-0020 d within 72 hours after death with the Maryland sjene. Then *setural; or items 23s or 28s-f show the Macinal Evanities must be notitied at | by Funeral Director | 11. Marital Stetus 1 ☐ Nevar Married 2 ☐ 3 ☑ Widowed 4 ☐ Divo | Married 1 [| as Dacedent I med Forcas? □ Yas 2 💢 N Yas, Giva ear or Datas: | | 13. Was Deced If Yas, spec 1 ☐ Yas 2 | | Hispanic Origin? (Sp en, Maxican, Puarto Specify: | ecify Yas or No Ricen, atc.) | Spec | ece - Amark lack, White, cify: | |
| 72 hours | Completed | 15. Dece (Specify only hi | dent's Education ghast grada com | plated) | 16a. l | Decedent's Usua (Giva kind of wor | Occup k dona | pation during most of work | ina | 16b. Kind of | Business/In | dustry |
| 2121 d within giene. | mpi | Elemantary/Secondary (0- | 1.1 | ollege (1-4or 5 | +) | | | | | | | |
| d 2 filled v flygie fher t | ပိ | 12 17. Fathar's Nama (First, Mid | Idle I ast) | | | SEAMSTR | ESS | 18. Mother's Nam | a /First Middle | | RMENT | |
| Maryland d 2 should be file th and Mental Hy 7 is merked oth traumatic event | o Be | BARUCH | ora, casty | | CHAMMAS | | E- | ESTHER | | , Margan Surre | COF | JEN . |
| Maryland 2 2 should be filed and Mental Hygi is marked other aumatic event, I | 2 | 19a. Informant's Name/Ralet | ionship (Type, Pr | rint) | | | _ | t and Number or Rur | | er City or Tow | | |
| Md 2: | | | SAMIL (SO | | | 307 GERA | * | | BALTO. | | 21209 | Coody |
| Baltimore, Maryland 2 permit. Pages 1 and 2 should be filed Department of Health and Mental Hyg important: If tern 27 is marked other any injury or other traumatic event, once. | | 20a. Mathod of Disposition | | * | 20b. Place of | Disposition (Nam | a of | and I | Date | 20c. Location | r - City or To | own, Stete |
| Page ent o | | 1 Burial 2 Cramat 4 Donetion 5 Othe | ion 3 Remov | al from Stata | | | | JK AMUNO) | 6/3/97 | BALT | IMORE, | , MD |
| Balti permit. Departm Importar any inju | | 21. Signature of Funaral San | * | 0 | 1110111 | | | ess of Eacility ISON & BRO | | | LI TOLUL , | |
| Depariment of the services | | Fallen | sue | Deire | nson | | | STERSTOWN | | | TE MI | 21209 |
| | | 23a. Part1. Entar tha disaasi shock, or haart failure. | a, or complication | s that caused | 77.10 | | | | | | ine ine | Approximate Interval Between |
| mountain uted | Medical Examiner | Sequentially list conditions, if any, leeding to immediata cause. Entar Undarlying Causa (Disaasa or injury that initiated evants rasulting in death) Last | b | | Due to (or as a co | onsequance of): | | | | | | |
| BOX eath ce attendin | an/N | | d | | | | | | 2 " | | | |
| the est | Physician/N | Part II. Other algnificant con | ditiona contributi | ng to death bu | it not rasulting in | tha undarlying ce | usa gi | ven in Pert i. | 23b. Did | tobacco uae c | ontribute to | o the cause of death |
| D.D. nat the dby the detache | Phy | Esoph | aseal | Vari | IR) | 0 10 | (| richno | 10 | Yes 20 No | 3 □ Prol | bably 4 Unknow |
| cords, requires the been signed should be contact to the contact t | Completed by | Pancy | tope | nia | 20+ | phy | 00 | Spleni | 24a. Was | an autopsy ormed? | av | ara autopsy findings ailabla prior to implation of ceusa |
| Re la la la la la la la la la la la la la | E | Dilo | Ler | 11 | elle | 1 | | | 10 | Yas 2 No | | déath? ⊒Yas 2□ No |
| Of VITal Physician: Tribis certificat oral director, pa | Be C | 25. Was cesa rafarred to med | dicel | () | 0000 | | | 26. Pleca of Deet | | | | TAS ZUNO |
| ysick s cer direct | To B | axaminer? 1 ☐ Yes 2☐ No | Hospita | al: | nt 2 ER/Out | patient 3 DO | A Oth | har: 40-Nursing Ho | | | thar (Specif | (v) |
| VISION OF VITA Attending Physician: or death. ector: After this certific by the funeral director, | | 27. Mannar of Death | 288 | a. Date of Injur (Month, Day | | | Bc. Inju | | | how injury occ | | 7 |
| DIVISION I or Attending after death. Director: After | Certification: | E E FIOOIGAIN | astigation | (month, bu) | 7007) | M M | | Yes 2 □ No | | | | |
| VI Att | tific | 3 ☐ Suicida 6 ☐ Co 4 ☐ Homicida del | uld not be terminad 288 | a. Place of Inju | iry - At homa, fari | m, street, factory, | office | | 28f. Location (| Street and Nun wn, Stata) | nber or Rure | al Routa Number, |
| Is aff | | | | | | | | | | | | |
| Hosp 4 hou Fune tely fi | edicai | Check only 2 Med | cal Examiner: O | n the basis of | axamination and | death occurred a | t tha tir | me, date end place, opinion, deeth occurr | and dua to tha | causa(s) and r | nanner as si | teted. tha ceuse(s) |
| DIVISION OF VITAL Req To the Hospital or Attending Physician: The law within 24 hours after death. To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2 | Med | one) 29b. Signature and titla of cer | ar | nd manner sta | ted. | | | | | | | |
| D wil | | 250. Signature and titla of Cer | - 44 | 100 | ilea | 100 | | se number | | 29d. Data sign | | Day, 1981) |
| 6 | | | CY | 0 | 1 | | D20 | 704 | | 06-02- | -9/ | |
| -) | | 30. Name and address of per- Jerome H. Gin | sberg, N | 1.D. 8 | 630 Libe | | za | Mall Ran | dallsto | wn, MD | 2113 | 3 |
| St Regist | ate rar | JUN 0 5 1997 | full | 32. Registra | r's Signatura | 3 | | | | | | |

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

16908

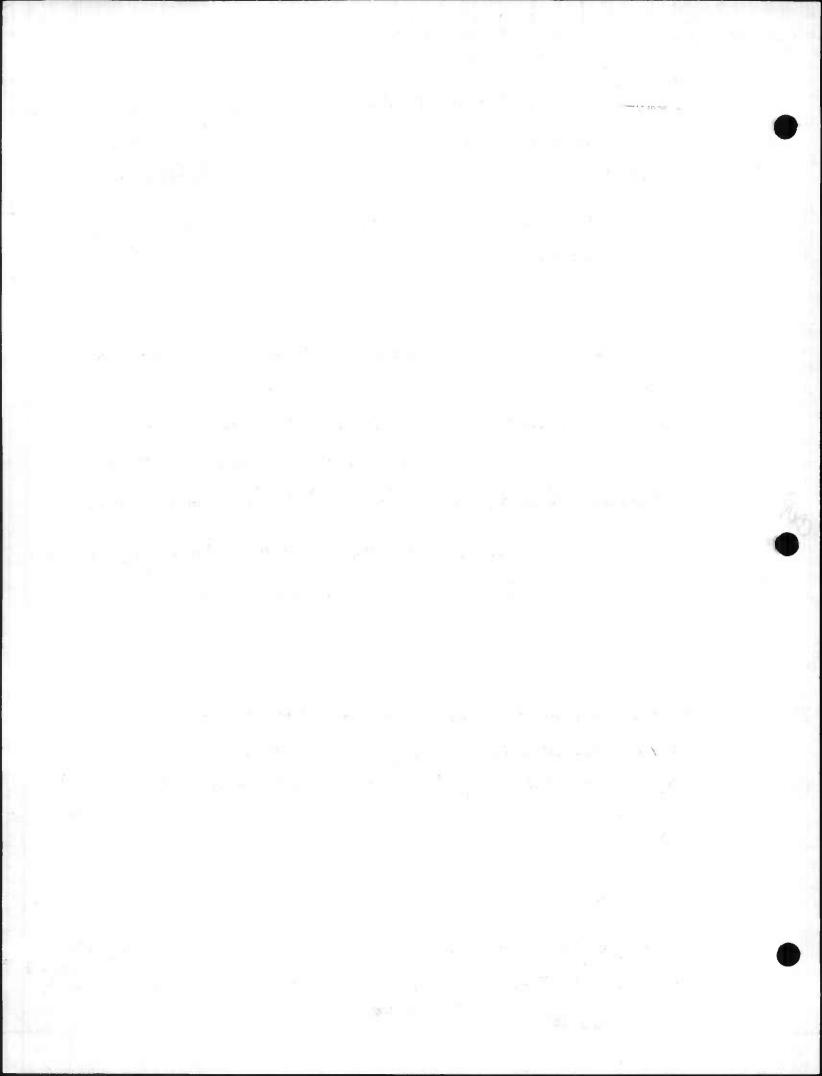
| | _ | | | | | | | | Cen | ificate of | Death | | | Reg. No. | | | |
|-----|--|---|----------------------------|---|--|-------------------|--|----------------------------|----------------------------------|---|------------------------------|--------------------------|----------------------------------|------------------------------------|-------------------------------|---------------------------|--|
| | | Physici /Medi | | 1. Decedent's Nem ELLEN | ne (First, Middle, L NORMA E | | | | | | | | 2. Dete of D Month JUNE | Deeth Day | Year 1997 | 10 | ma of Death |
| (| | Examir | | 4a. Fecility Neme (| lf not institution, g ES HOSPI | | um <i>ber)</i> | | | | 4b. City, To | | cation of Dec LTIMOR | | nty of Deeth | | |
| | | Funeral Director | | 5. Sociel Security N 217-38-5 | 032 | Sex 1□ M 2□xF | | (In yrs. lest bii 88 | thday) Yrs. | If Under 1 Year Months Deys | | 24 Hrs. Min. | 8. Dete of B (Month, I MAY | Sirth Dev, Year) 18,1909 | | olece (S ntry) RYLA | tate or Foreign |
| J | Po opud | f show | or | Usuel Residence of 10e. Stete MD | f Decedent 10b. County N/A | | 1 | 10c. City, Tow | n or Loca | | | | | | | 10d. Insi | de City Limits |
| | distribution of the control of the c | oeatn with the Maryland ms 23a or 28a-f show | Direct | 10e. Street end Nu 415 RAND | mber | | | 5711 | | 10f. Zip Code 212 | 229 | | | 10g. Citizen | of Whet Cour | | |
| | d | owinin /z hours effer death with the Marylan jiene. Then "natural", or items 23s or 28s-f show the Madical Examiner must be notified at | by Funeral Director | 11. Maritel Status | ied 2□ Marrled | ff Yas, G | orces? 2 🛣 No live | | | as Decedent of I res, specity Cub | Hispenic Ori ben, Maxicar | | ecify Yes or N Rican, etc.) | No- 14. F | ace - Amaric leck, White, | etc. | en, |
| | Maryland 21215-0020 | ined within 72 hours ener Hygiene. ther than "natural", or ite ent, the Medical Exarcine | Completed b | (Spec | 15. Decedent's cify only highest g | rede completed |) | | Deceder (Give kii life, DC | nt's Usual Occup nd of work done NOT use retire | petion during mos | t of worki | ing | | Business/Inc | | |
| | d 212 | permit. reges i end 2 should be lied within Deportment of Health and Mentel Hygiene. Important: if item 27 is marked other than any injury or other traumatic event, the Manage. | | Elementery/Seco | | 1 YR | (1-4or 5+) | | CLERK | | | | | IMPOR | TING (| СОМР | ANY |
| | arylan | martic ev | To Be | CHARLES 19e. Informant's No | | | | 196 | Mailing | Address (Straa | | | KELLY | | vn State Zin | Code I | |
| | re, Ma | Health ar em 27 is other trau | | BERNARD 20e. Mathod of Disp | A. ENIS | | | 50 20h Plece 0 | 013 T | RIPLETI | ROAD | | | | MD. 21 | 1117 | |
| | Baltimore, | rtment of rtant: If it njury or o | | 1⊠ Burial 2 4 ☐ Donetion | Cramation 3 5 Other (Spec | cify) | State | cemete | ry, crama ATHEI | ERAL CE | EMETER | | /5/97 | BALTIM | | , Ote | 10 |
| Q. | Ba | Deper Impor any ir | | 21. Signature of Fu 23a. Party Entire shock, or hea | erest - | LK | lu | 8 | HUE 410 | Name end Addre BBARD FU D7 WILKE | JNERAL ENS AV | HOM | -BALTI | MORE, M | D 212 | 229 | xlmete al Between |
| E | ox 68760) | 6 9 | Physician/Medical Examiner | Immediate Cause (disease or condition resulting in death) Sequantially list confrant, leading to incause. Enter Under Cause (Disease or that initiated avants resulting in death) in the confrant initiated avants resulting in death) in the confrant initiated avants resulting in death) in the confrant initiated avants resulting in death) in the confrant initiated avants resulting in the confrant initiated avants resulting in death) in the confrant initiated avants resulting initiated avants resulting in the confrant initiated avants resulting in the confrant initiated avants resulting in the confrant initiated avants resulting in the confrant initiated avants resulting in the confrant initiated avants resulting initiated avants resulting in the confrant initiated avants resulting initiated | Final nditions, madiate triying Injury | | s e po | | onseque | ince of): | | | | | 1 | Onset ~) | end Deeth |
| 3 | .O. B | 64 | hysicia | Part II. Other eignif | icant conditions | contributing to | | | | erlying cause gi | ivan in Part I | | | d tobacco uee | | | |
| 2 | ecords, P | een signed | Completed by P | broke | 1000 | my <1 | u, | solu | JS | | | | 24e. We | Yes 2 No | 24b. We | ere euto | Unknown ppsy findings prior to n of cause |
| 2 | <u>a</u> | | | 25. Wes case refer | red to medical | | | | | | 00.81 | -4 D4 | | Yes 25 No | | | 2□ No |
| 3 | - 01 | s certific director, | To Be | axaminer? | , | Hospital: | Inpatient | 2 RER/OU | tnationt | 3□ DOA Oti | her: | | (Check only | sidence 6 🗆 0 | What /Cassif | 6.41 | |
| 1 | ion of | £ 50 . | | 27. Manner of Deet | | 28e. Data (Moi | | 28b. 1 | rime of njury | 28c. Inju Wo | | 1 | | e how injury occ | | 7) | |
| 5 | Division the Hospital or Attending | s effer death | Certification: | 3 ☐ Suicide 4 ☐ Homicida | 6 Could not datermine | d 286. Plac | e of Injury ling, etc. (| - At homa, fe (Specify) | rm, strea | t, factory, offica | | 1 | | (Street end Nu own, Stete) | mber or Rure | I Route | Number, |
| 111 | he Mospit | within 24 hours e | edical | 29a. Cartifier (Check only one) | CertifyIng P | iminer: On the b | e best of r pasis of ex oner state | kaminetion en | , daath o | ccurrad at the ti stigation, in my o | ime, dete an opinion, dea | d place, e th occurre | end due to the | a ceusa(s) and e, date end plac | mannar as si e, end due to | latad. | use(s) |
| 4 | Tot | within 2 To the | Σ | 29b. Signeture and | title of certifier | resa | w | ndu | MI | 29c. Licens | 306 | (| | 29d. Date sig | 15 | 19 | 97 |
| | | 20 | | 30. Name end eddr | ines | jaun | des | 2 87 | Type, Pr | int) gnes | tte | xt | ha | مرد ع | OOC | at | 70 |
| | | Sta | te | 31. Dete filed (Moni | th, Day, Year) | 32. 1 | Registrer's | Signeture | | | | | | | 10 | ~1 | INC |

JUN 0 5 1997 Julia Davidson- Mandale

DHMH 16 Rev 6/95

Item 10f,16b,19b,20b per FH Film G748 6-13-97 rja Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q 7

| _ | | | TEM: 1 perDR | . G-748 6- | | Maryland | | rificate of | Death | | giene 9 Reg. No. | 1 | 1690 | 9 |
|-------------|---|-------------------|--|-----------------------------|---|---------------------------------|----------------------------|--------------------------------|--|--|--------------------------------|-----------------------------|--|-------|
| | Physic /Medi | | 1. Decedent's Name | (First, Middle, Las | | elma | Ell | 1077 | | 2. Deta of De Month | Day 27 | Year /997 | 3. Tima of Dea | th |
| | Exami | | 4a. Facility Name (If I | | | | | | 4b. City, Town, or I | Location of Death | 4c. County | of Death | 23.00 | / |
| 1 | | | - | MAIDEN | | LANE | | | CATONS | | | LTIMO |)RE | |
| | Funeral Director | | 5. Social Security Nur 215-07-72 | 36 | 9X | Age (In yrs. las | Yrs. | If Undar 1 Yaar Months Days | | 8. Data of Bir (Month, De OCT 23 | y, Year) 1918 | 9. Birthpl Count MARY | ace (Stata or Foi try) LAND | raign |
| | aryland show | | Usual Residence of E | 10b. County | | 10c. City, | Town or Loca | ation | | | | 10 | Od. Inside City Li | |
| | Me Me | Director | MD | BALTIM | ORE | | В | ALTIMORI | Ξ | | | | 1 ☐ Yes 2 € | INO |
| | with the | D I | 10e. Street and Numb | | | | | 10f. Zip Coda | 27 01000 | | 10g. Citizen of \ | | iry? | |
| | s 23 | erai | 927 ELMRI | DGE AVEN | UE 12. Was Daceda | ant Ever in II C | 12 W | 212: | | | | A. America | an Indian | |
| 21215-0020 | s 1 and 2 should be filed within 72 hours effer death with the Maryland Health end Mental Hygiena. Item 27 is marked other than "natural", or items 23s or 28=1 show other traumatic event, the Medical Examiner must be notified at | by Funeral | 11. Marital Status 1 Never Married 3 Widowed 4 | | Armed Force 1 Yes 2 If Yes, Give Yaar or Date | es? LXNo | | Yas, specify Cub | Hispanic Origin? (S pan, Mexican, Puert Specify: | o Ricen, etc.) | | ok. Whita. | atc. | |
| 5-0 | 72 ho natur | ted | (Specifi | 5. Decedent's Ed | ucetion | | 16a. Decede | nt's Usuel Occu | pation during most of wor | tkina | 16b. Kind of B | usiness/Ind | iustry | |
| 121 | ithin and a | Completed | Elementary/Second | Jary (0-12) | Collage (1-4 | or 5+) | life. Do | O NOT use retire | ed) | King | Insura | | | |
| | should be filed with end Mental Hygiena. Is marked other than aumatic event, than | | 12TH GRA | | | | SECR | ETARY (I | RETIRED) | | | OFFIC | E | |
| Maryland | ntal H | B | 17. Father's Name (F. LLOYD E. | | | | | | 18. Mothar's Nar | | Maiden Sumen | 10) | | |
| Z | should I | To | 19a. Informant's Nam | | Super Christi | | 10h Mailing | Address /Ctree | | | or City or Town | Chata Zin | Codel | |
| Ma | d2s then 7 Is r | | JOHN L. R | | ** | | _ | | AVENUE - | | | - | | |
| ē, | Health Health tarm 27 I | | 20a. Method of Dispo | | 1, bk(Hot | 20b. Plac | ce of Disposi | tion (Neme of | | Date | 20c. Location - | City or To | 616 | 229 |
| Baltimore, | Page nent o int: If I | | 1 Burlal 2 ☐ 4 ☐ Donation 5 | Cremation 3 Other (Specify | | 916 | | atory or other pla L CEMETI | | 5/ 30/ 97 | BALTI | MORE | | |
| Balt | permit. Pages 1 and Department of Health Important: If item 27 any injury or other tr once. | | 21. Signature of Fund | eral Service Licen | See Sho | 10 0 60 | HU | | UNERAL HO | | AODE ME | 0100 | | |
| | _ | | 23a Part / Entar the | disaasa, or comp | olications that ceu | ised the death. | Do not entar | the mode of dy | ENS AVENU Ing, such as cardiac | e or respiratory a | rrest, ME |) 2122 | Approximate toterval Betwaar | |
| | Physician /Medical Examiner | iner | Immediate Causa (Fi disease or condition rasulting in death) | | | | | | mial A | | | SM | Onsat and Death | |
| Box 68769, | law requires that the death certificate by expure as been signed by the attending physicia as been deteched for use as the bunal-trans. | VMedical Examiner | Sequentially list condif any, leading to immoduse. Enter Underly Causa (Disassa or in that initiated evants resulting in death) La | | c | Due to (or a | s a conseque | ence of): | | | | | | |
| .O. Bc | ne death the atter thed for u | Physician/M | Part II. Other elgnific | ant conditions co | ontributing to deat | h but not resulti | Ing in the unc | derlyling ceuse gi | iven in Part I. | 23b. Dld | tobacco use co | ntribute to | the cause of de | ath? |
| 0 | that the de ed by the datached | | Sever | e Em | physo | emA. | Cole | ONARY | HEAR | T 1× | Yes 2□ No | 3 ☐ Prot | ably 4 Unk | nown |
| Records, | w requires the been signed should be det | Completed by | DASCA | se w | itH Co | | Ry B | y pass | Surger | 24a. Was | an autopsy | ava | are autopsy findir aliable prior to appletion of ceuse daath? | |
| of Vital Re | The ate h | Be Comp | Hyporth 25. Was case referre | Y R DI DIS | M. CR | ippli | us I | Degera | 26. Place of Day | TACKITIS ¹ | | | Yes 20 No | |
| 1 | 5 00 | ToE | examiner? | 0 | Hospital: | atient 2 EF | R/Outpatient | 3□ DOA Ot | har- | lome 5 Rasi | | er (Specify | DRS DI | FFK |
| | Attending Ph ir death. ector: After th by the funeral | | 27. Manner of Death 1 D Natural 2 Accident | 5 Pending invastigation | 28a. Date of (Month, | Injury Dey Year) | 8b. Time of Injury | 28c. Inju Wo M 1 | ury at ork?] Yes 2 🗆 No | 28d. Describe | how injury occur | red | | |
| Division | al or Atte s after de il Directo ed in by th | Certification: | 3 ☐ Suicida 4 ☐ Homicide | 6 Could not be determined | 28a. Place of | Injury - At hom, etc. (Specify) | e, farm, strac | et, factory, office | | 28f. Location (City or To | Street and Numb wn, State) | per or Rura | Route Number, | |
| | To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral | edical (| 29a. Certifier (Check only one) 2 | Certifying Phy Medical Exam | rsician: To the basi iner: On the basi and manner | s of examination | edge, death on and/or inva | occurred at the ti | ime, data and place opinion, daath occu | , end due to the rred at tha tima, | causa(s) and madata and place, | annar as st and dua to | ated. tha causa(s) | |
| | To the To the company | W | 29b. Signature and tit | le of certifier | MAT | Tendi | iz | 29c. Licen | se number 16200 | | 29d. Data signe | 27, |) 4 9 7 | |
| | 10 | | 30. Nama and addres | s of person who o | completed ceuse | of death (Item 2 | 3a) (Typa, P | | MAIDEN | Choice | ELAC | CAT | 2122 ousville | -8 |
| | Sta Registi | | 31. Date filed (Month, | | 32. Reg | Istrar's Signatur | Mande | | | | | | 1 | |
| | nicgisti | | JUN | 0 5 1997 | J | | | • | | | | | | |



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

Physician /Medical Examiner 1. Decedent's Nama (First, Middle, Last) harles

ITEM: 26 per DR.G-748 6-5-97 eoh

F-lowers

2. Date of Death JUN

4a. Facility Name (If not Institution, give street end numbar) HOSPITAL UNIVERSITY

4b. City, Town, or Location of Death BALTIMORE

4c. County of Death n/a

Day

Funeral Director

28a-f show

ŏ

238

Director

Funeral

þ

Completed

Be

traumatic event, the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or items 29a any Injury or other traumatic event, the Medical Exercises 200.

Physician

Examiner

sician and burial-transit

physician is the burial

signed by the e

page 2 hes certificate

director.

this funerel

After

ours after death. eral Director: Aft filled in by the fur

within 24 hours a To the Funeral C

þ

Completed

Be

P

Certification:

Medical

State

Registrar

The law requires that the death certificete be executed

Box 68760.

Records, P.O.

Vital

Division of

Hospital or Attanding Physician:

ş

0

/Medical

Baltimore, Maryland 21215-0020

Usual Residence of Decedant 10a. State MD

5. Social Security Number

251-07-5269

n/a

Yrs 10c. City. Town or Location

7. Age (In yrs. lest birthdey)

77

If Under 1 Year If Under 24 Hrs. Hours Min.

8. Data of Birth Month, Dey, Year) DEC.6, 1919 9. Birthplace (Stete or Foreign TIMMONSVILLE,

10b. County

XIM 2 F

BALTIMORE

10f Zin Code

Months

10d. Inside City Limits 1 Nes 2 No

10e. Street and Numbar

ALTOVISTA AVENUE 1902

21207

Days

10g. Citizan of What Country?
UNITED STATES

11. Marital Status

1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced

Was Decedant Evar in U.S. Armed Forcas? I ☐ Yes 2 (1) No If Yes, Giva Year or Dales:

 Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puarto Ricen, etc.) 1 ☐ Yes 2X☐XNo Specify.

14. Race - Amarican Indian. Black, White, etc. BLACK Specify:

15. Decedent's Education (Specify only highest grade completed)

Collaga (1-4or 5+)

16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) LABORER

W.R. GRACE & CO.

16b. Kind of Business/Industry

Elamentary/Secondary (0-12) 17. Father's Name (First, Middle, Last)

FLOWERS

FLOWERS

19b. Mailing Address (Straat end Number or Rurel Route Number, City or Town, Stete, Zip Coda)

18. Mother's Name (First, Middle, Meiden Sumeme)

LAYTON MATTIF

19a. Informant's Name/Relationship (Type, Print) FLOWERS-WIFE MARY

1902 ALTOVISTA AVE., BALTIMORE, MD 21207

20a. Method of Disposition

1XX unial 2 Cremation 3 Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify)

20b. Place of Disposition (Nema of cemetery, cremetory or other place) KING MEMORIAL

20c. Location - City or Town, Stata 6-5-97 RANDALLSTOWN, MD PARK

21. Signature of Funeral Sarvice Licensee

le

22. Name and Address of Facility

WM.C. MARCHF H.-4300 WABASH A VE.

23a. Part1. Enler the disaase, or complications that caused the death. Do not enter the mode of dylng, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

icular hemorrhage

Approximate Interval Batween Onsat and Death

Immediata Cause (Final diseasa or condition resulting in daath)

Due to (or as a consequance of)

18 hvs

Examiner Sequentially list conditions, it any, leading to immediate ceuse. Enter Undarlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical

Due to (or as a consequence of)

Dua to (or as a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 | Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

1 Yes 26. Placa of Death (Check only ona) 1 ☐ Yes 2 ☐ No.

25. Was cesa raferred to medicel examiner? 1 Yas 2 No 27. Manner of Death

5 Pending Investigation

6 Could not be determined

28a. Data of Injury (Month, Dey Year)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28c. Injury at Work? 1 Tas 2 No

Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Dascribe how injury occurred

29a. Cartifier

1 Natural

2 Accident 3 Suicide

4 ☐ Homicide

28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Routa Number, City or Town, Stete)

2 No

(Check only one)

1 🗹 Cartifying Physician: To the best of my knowledge, death occurred at tha tima, data and place, and dua to the causa(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at the time, date and place, and due to the ceuse(s) and manner stated.

29b. Signatura and titla of certifier

29c. Licensa number

29d. Data signed (Month, Day, Year)

30. Nama and addrass of person who completed causa of daath (Item 23a) (Type, Print)

Porrs

31. Date filed (Month, Day 3917) JUN 0 5

MP 22 S. Greene St Frank of the Section S

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month **Physician** 44PM June /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner of Maryland Medical System Baltimore iniversity n/a If Under 24 Hrs. 8. Date of Birth (Month Day Year) Dec 2 , 1904 If Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) 1□M 2√F Months Deys 213 20 3431 92 Maryland Usual Residence of Decadent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 ☐ No Maryland Baltimore Essex 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Funeral 1545 Nicolay Way 21221 USA 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2√2 No If Yes, Give 1 ☐ Yes 2 ☐ No Specify. à Specify: White 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates: Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 6 Housewife Own Home 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Melden Sumeme) Be 2 Andrew Johnson Carrie (unknown) 19a. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Charles D. Gilley (son) 1545 Nicolay Way Essex, Maryland 21221 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Bunal 2 □ Cremetion 3 □ Removel from State 6/4/1997 Glen Haven Mem. Park Glen Burnie, Maryland 4 Denetion 5 ☐ Other (Specify) of Funeral Se 22. Neme end Address of Fecility 21. Sig Bruzdzinski Funeral Home PA 1407 Old Fastern Ave. Essex, Maryland 21221 Part. Timer the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, the heart feiture. List only one cause on each line. Approximete Intervel Between Onset and Death Subarchnoid Hemorrhage Imme : at - Ceuse (Final disees - r condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or es e consequence of): Physician/Medical Due to (or es e consequence of) Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings evelleble prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? 2 No 1 ☐ Yes 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Piece of Death (Check only one) examiner? 1 Yes 2 No Other: 4 Nursing Home 5 Residenca 8 Other (Specify) 0 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) Certification: 27. Menner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Naturel 5 Pending 2 Accident

The law requires that the death certificate be executed Records, P.O. Box 68760, the signed by the a of Vital ding Physician: Mislon

Funeral

Director

An "natural", or items 23s or 25s-f show Medical Examiner must be notified at

hours after

filed within 72 the characteristics

Pages 1 and 2 should

2 should be to and Mental Pis merked of

Department of Health a Important: If Item 27 is any Injury or other tra-

Physician

/Medical **Examiner**

Baltimore, Maryland 21215-0020

Investigation

28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 Yes 2 No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a. Certifier

3 Suicide

4 - Homicide

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, date and pleca, end due to the cause(s) end manner steted.

29b. Signeture and title of certifier

29c. License number

29d. Dete signed (Month, Dey, Year)

amisheybani, M.D.

6 Could not be

June 1, 1997

30. Name and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

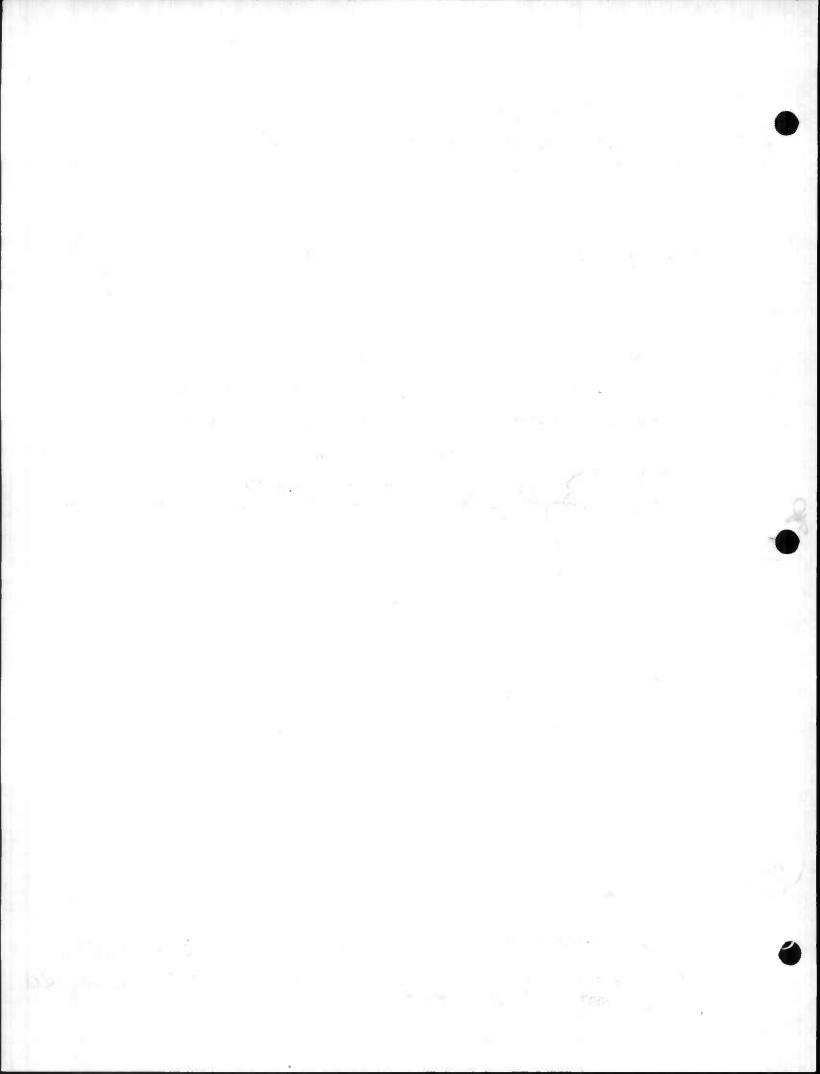
AMITSheybani 31. Date filed (Month, 9997ar) JUN 0 5

JI M.D. 22 3. Greene street Baitimore, Nd. ZIZO

State Registrar

edicai

vithin 2 To the



Please Type or Print In Black Indelible Ink. Assure Aii Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month 06 Day 02 9:05pm Graves, Dorothy 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Greenspring Nursing & Rehab Baltimore 5. Social Security Number 7. Age (In yrs. lest birthday) if Under 24 Hrs. 8. Date of Birth (Month, Day, Birthplace (State or Foreign Country) Deys 1 M 2 M E Months Hours 28-28-983 Yrs. Usual Residence of Decedent 10b County 10c. City, Town or Location 10d. Inside City Limits 12 Yes 2 □ No Saltimore 10a. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever in U,S. Armed Forces? American Indien 1 Yes 2 No If Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: SpootsFro-American 16b. Kind of Business/Industry

r than "natural", or items 23s or 28s-f show The Medical Examiner must be notified at 2231 death v Funeral 11. Marital Status filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Be Completed by 3 Widowed 4 Divorced Decedent's Usual Occupation (Give kind of work done during most of working life. DQ NOT use retired) 15. Decedent's Education (Specify only highest grade completed) permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any Injury or other traumatic event, the Many Injury or other traumatic event, the Many Injury or other traumatic event. Elementary/Secondary (0-12) College (1-4or 5+) tome maker 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumame) Graves Holloway 19b. Mailing Address (Street and Number or Rural Route Number, City of Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) WildwoodP (Cousin) Baltimore, Md. 21229 apers 20b. Piece of Disposition (Name of cemetery, crematory or other piece) 20a. Method of Disposition 1 Surial 2 Cremetion 3 Removal from State Baltimore, Ind. 4 Donation 5 DOther (Specify) 23 Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrespina

Approximete Intervel Between Onset and Deeth

Immediate Cause (Final A CUTE RESPIRATORY disease or condition resulting in death)

FAILURE

ACCIDENT CEREBROVASULAR

Due to (or as a consequence of).

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or as a consequence of)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

HYPERTENSION

24a. Wes en eutopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

WEEKS

1 Yes 2 No 26. Place of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

25. Was case referred to medical 1 Yes 2 No

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Pending Investigation

28b. Time of

Other: 4 ursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work?

1 Yes

28d. Describe how injury occurred

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State)

29a, Certifier

27. Menner of Death

1 Natural

2 Accident

3 Suicide

4 | Homicide

1 Cartifying Phyaician: To the best of my knowledge, deeth occurred et the time, date and place, and dua to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) end manner stated.

29c. License number

29b. Signature and title of certifier

6 Could not be determined

13664

29d. Date signed (Month, Day, Year)

racion 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

N76 MERRITT BLUD BC. VENERACION JR

BAUTO

State Registrar

Physician

/Medical

Examiner

10a. State

Director

Funeral

Director

hysician /Medical

Examiner

burial-transit

that the death certificate be executed

Box 68760,

P.O. I

Records,

Vital

of

Division

Examiner

Physician/Medicai

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Completed

Be

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Certification:

Medical

page 2 s

the funeral

in by

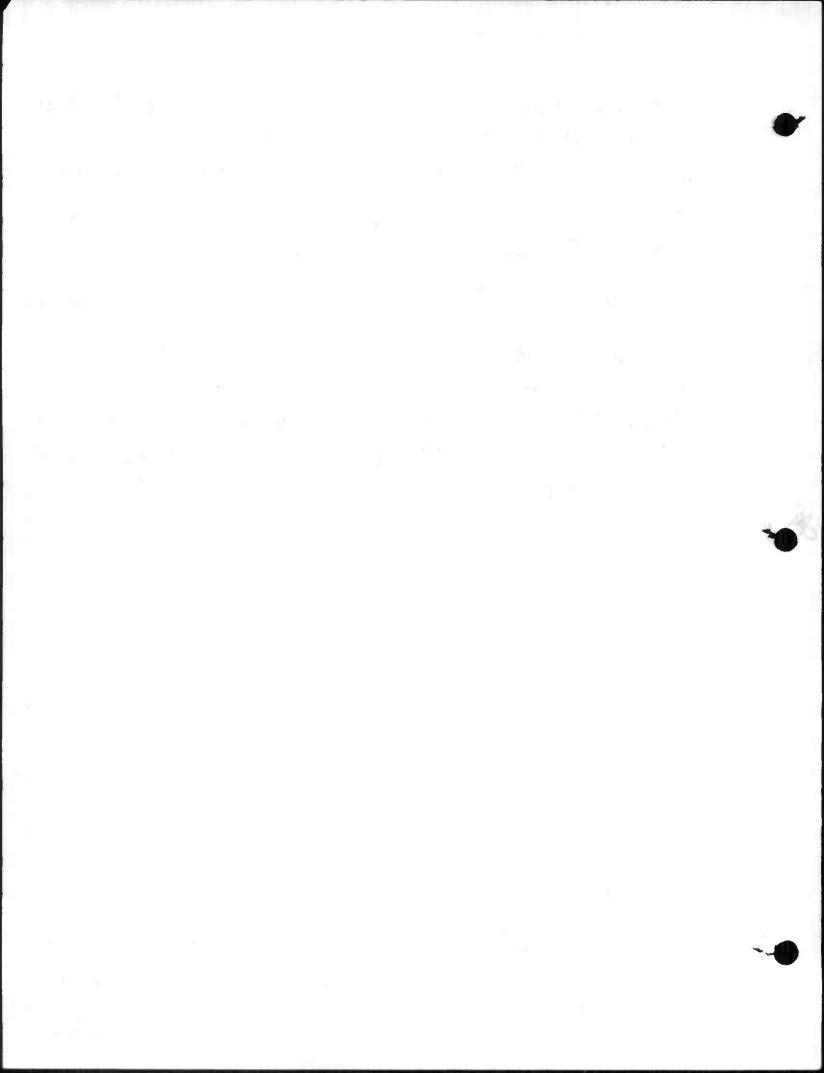
or Attending Physician: Traffic death.

the Maryland

31. Date filed (Month, Day, Year)

32. Registrar's Signature Win Davidson

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

| | | Decedent's Name (First, Middle, Last | st) | | Certificate | 201 | Dealli | 2. Dete of Death | g. No. | | 3. Time of Death |
|---|----------------|---|---|----------------------------|---------------------------------------|--------------------|--|--|--------------------------------|------------|--|
| Physic | | | _ | Imper | | | | Month | Day | Year | 1:08pm |
| /Med Exam | | GERTRU 4a. Fecility Name (If not Institution, give | | HERTZ | | | 4b. City, Town, or Lo | JUNE ocation of Death | 1,1997 4c. County | of Death | |
| LAdill | IIICI | NORTHWEST HOSPITA | | | | | RANDALLST | NOMN | | | MORE |
| Funera Directo | | 213-32-1119 | ex 7. Ag | ge (In yrs. last bir 89 | thday) If Under Yrs. Months | 1 Year Days | If Under 24 Hrs. | 8. Date of Birth Month, Day, DEC 3 | | | place (State or Foreign intrx) YORK |
| anyland ehow dat | | Usual Residence of Decedent 10e. State 10b. County | | 10c. City, Tow | | | | | | | 10d. Inside City Limits |
| the Me | Directo | MARYLAND BALTI 10e. Street and Number | MORE | | 10f. Zip | | TIMORE | 10 | g. Citizen of | What Cou | 1 Yes 2 No |
| ath with | ral Di | 6956 MILBROOM | | | . 1-B | 2 | 1215 | | US | | muy r |
| 1215-0020 within 72 hours after death with the Maryland ene. than 'natural', or items 23e or 28e-f show he Medical Examiner must be notified at | by Funeral | 11. Meritel Stetus Never Married 2 Married Divorced | 12. Was Decedent Armed Forces? 1 Yes 27 If Yes, Give Year or Dates: | | 13. Was Deced If Yes, spec | | Hispanic Origin? (Spoan, Mexican, Puerto Specify: | ecify Yes or No- Rican, etc.) | | ck, White | can Indian, , etc. |
| 21215-0020 d within 72 hours afi pjene. Ir than "natural", or | Completed | 15. Decedent's Ed (Specify only highest gra Elementary/Secondary (0-12) | ucation de completed) College (1-4or t | | | k done e retire | during most of work d) | ing 1 | 6b. KInd of B | | ndustry |
| N DOL | | 12 17. Fether's Name (First, Middle, Last) | | | | IMWC | 18. Mother's Name | e (First, Middle, M | laiden Sumar | | SS SHOP |
| ylan ould be Mental arked o | To Be | BARNETT | | HERTZ | | | ROSE | | BENDER | SKY | |
| Mar nd 2 sh lith and 27 is m | | 19a. Informant's Name/Relationship (1 JOSEPH HERTZ (BR | | 19b | Mailing Address MILBE | (Stree | t and Number or Run C PARK DR. | al Route Number, , APT. 1 | City or Town B BAL | Stete, Zi | mD 21215 |
| Pages nent of int: If it | | 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify | | cemete | Disposition (Nemy, crematory or of | ther ple | | Date 2 3/1997 | Oc. Location BALT | | own, State E, MD |
| Baltimo permit. Pag Department important: If any injury o | | 21. Signature of Funeral Service Licen | SOO DIMA | 20 | | | INSON & BR | | | LE. | MD 21208 |
| | | 23a. Pert1. Enter the disease, or comp shock, or heart failure. List only | plications thet caused | the death. Do | | | | | | 100/ | Approximate Interval Between |
| Physician /Medical | | Immediate Cause (Final | | | | | | | | | Onset and Death |
| Examiner | | disease or condition resulting in death) | a | SEP. | onsequence of): | | | | | | |
| po tis | Examiner | | b. # | NEUM | | | | | | | |
| on secut | | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury | | Due to (or as a | consequence of): | T | STAPHYLOU | roccus | AUREL | 15 | |
| as the | Medical | that initiated events resulting in death) Last | | | onsequence of): | | | | | | |
| dasm de allend ed for us | Physician/N | Pert II. Other significant conditione co | ontributing to death b | ut not resulting Ir | the underlying ca | ause gi | ven In Part i. | 23b. Did tol | acco use co | ntribute t | to the cause of death |
| requires that the deem seen signed by the are | by Phy | OLD MYO | | | | • | | 1 □ Ye | • 2 No | 3 Pro | obably 4 Unknow |
| lecord law require las been sig | Completed | | | | | | | 24a. Was an perform | autopsy ned? | a | Vere autopsy findingativaliable prior to ompletion of cause death? |
| The le | Com | | | | | | | 1□ Ye | s 2 No | 1 | □Yes 2□No |
| Of Vital I Physician: The this certificate ral director, pag | Be | 25. Was case referred to medical examiner? | Hospitel: | | | Ott | 26. Place of Death | | | | |
| g Phys ar this heral di | n: To | 27. Manner of Death | 28a. Date of Inju | | | Bc. Inju Wo | 4 LI Nursing Ho | me 5 Resider 28d. Describe ho | | | fy) |
| DIVISION OT VITAI HECOTES, If or Attending Physicien: The law requires to after death. Director: After this certificate has been signed in by the funeral director, page 2 should be of the beautiful to be the funeral director, page 2 should be of the beautiful to be the funeral director. | Certification: | 1 Naturel 5 Pending Investigation 3 Sulcide 4 Homicide 6 Could not be determined | (Month, Da | ury - At home, fe | m, street, factory | 1 | Yes 2 No | 28f. Location (Str. City or Town, | | ber or Rur | al Route Number, |
| Hospita 24 hours Funerel taly filled | edicai C | 29a. Certifier (Check only one) Cortifying Physical Example (Check only one) | valcian: To the best inar: On the basis of and manner st | examination an | , death occurred ed/or Investigation, | et the ti | me, dete end place, opinion, death occurr | end due to the ca red at the time, da | use(s) and ma te and place, | anner as a | stated. to the ceuse(s) |
| To the within 2 To the comple | N N | 29b. Signeture and title of | <u> </u> | * | | . Licen: | se number | 29 | d. Date signe | d (Month, | Dey, Year) |
| | | Will | 7-1/4 | E m | \mathcal{D} . | D; | 27157 | 3 | UNE | 157, | 1997 |
| 1 | | 30. Name and address of person who of KAYNOLD | DEPESTA | RE | NOR | TH | WEST H | | | | |
| St Regist | ate | 31. Date filed (Month, Day, Year) JUN 0 5 1997 | | ar's Signature | e. | | | | | | |

DHMH 16 Rav 6/95

and the same THE STATE OF THE S September 1984 M Padaghille Dellaman Hills Vita de seria de la companya del companya del companya de la compa Africa antition, but their

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM: 7,8,per FH G-748 6-5-97 eoh Certificate of Death 2. Data of Death 1. Decedant's Nama (First, Middla, Last) 3. Time of Death 1999⁷ Month JUNE BLANCHE 3 HAUGHTON 5:00 am 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death IRVINGTON NURSING CENTER BALTIMORE 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 1□ M 2□ F 101 103 Yrs. 219-30-8494 Md Usual Rasidenca of Dacedant 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Xes 2 No MD n/a BALTIMORE 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Coda 22 S. ATHOL ST. 21229 UNITED STATES 12. Was Dacedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Orlgin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 ☐ XVoX If Yas, Giva Yaar or Datas: 1 □ Navar Married 2 □ Marriad 1 Yas 2 No Specify BLACK 3 Widowed 4 □ Divorcad 16a. Decedant's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa ratired) 15. Dacadent's Education (Specify only highast grada complated) 16b Kind of Business/Industry Collega (1-4or 5+) Elamentery/Secondary (0-12) Private Homes 6th grade N/A Domestic 18. Mothar's Nama (First, Middle, Maiden Sumama) 17. Fathar's Nama (First, Middla, Last) Unknown Matilda Watts 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) MD²¹²¹⁶ Marie Jennings-Granddaughter 2808 Harlem Avenue Baltimore, 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) 20c. Location - City or Town, Stata 20e. Mathod of Disposition 1 X Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donetion 5 ☐ Othar (Spacify) King Memorial Park 6-6-97 Randallstown, Md 21. Signatura of Funaral Sarvice Licansaa 22. Nama and Addrass of Facility WM. C. MARCH FH.-4300 WABASH AVENUE 23a. Part1. Entar tha disaasa, or complications that causad tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory arrast, shock, or heart failura. List only ona ceuse on aech line. Approximata Interval Batween Onset and Daath Aisturaselesotie Cordio vascular disease Immadieta Causa (Finel disaasa or conditior rasulting in daath) Dua to (or as a consequanca of): Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants resulting in daath) Last Due to (or as a consequance of): Dua to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Wera autopsy findings available prior to completion of cause of death? cerelizovascular acciden 24a. Was an autopsy performad? Chrome Rena 1 Yas 2 No 1 □ Yas 2 □ No 25. Wes case raferrad to medical axaminar? 26. Placa of Daath (Check only one) Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) Hospital: 1 Yas 2₽No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 27. Mannar of Death 28d. Describe how injury occurred 28b. Tima of 28c. injury at Work? 1 Retural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 Could not be determined 3 ☐ Suicida Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28e. Pleca of Injury - At home, farm, straat, factory, offica building, atc. (Spacify) 4 Homlcida

certificate be execu physician at the burlai-t Box 68760, 0 signed by Division of Vital Records, or Attending Physician: Director ŧ n 24 hou. Ne Funeral Dis-

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Funeral

Director

permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health end Mentel Hygiene. Important: if item 27 is marked other than "naturat", or items 23a or 28s-1 show any injury or other traumatic event, the Mexical Examinat must be notified at once.

Physician

/Medical

Examiner

Examiner

Physician/Medical

Completed by

Be

Certification: To

Medical

Baltimore, Maryland 21215-0020

🗠 Certifying Phyaicien: To tha bast of my knowledga, daath occurred et the time, date end placa, and dua to the ceuse(s) end mennar as statad.

(Check only one) 29b. Signatura and titla of sentilio

29a. Cartifia

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licansa numbar

Baltimore MD

29d. Data signed (Month, Day, Yaar)

30. Name end eddress of person who completed causa of deeth (Item 23e) (Type, Print)

almoly

rech

3/9

State Registrar 31. Data filed (Month, Day, Year) JUN 0 5 1997



Place

DHMH 16 Ray 6/95

To the P



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Herman Jackson Handy 1997 May 30, 3:00a.m. /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 5703 Pimlico Road Baltimore N/A 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) **Funerai** Birthplece (State or Foreign Country) 15M 20 F Months Days Hours 217-14-6714 73 Yrs Director May 25, 1924 U.S.A. Usual Residence of Decedent the Maryland 10a State 10b Count 10c. City. Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. inside City Limits MD. N/A Baltimore Director 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 250 N. Fulton Avenue 21223 U.S.A. death Funeral 12. Was Decadent Ever in U,S. Armed Forces? 1 Styles 2 □ No 1944 If Yes, Give Year or Dates: 1946 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. filed within 72 hours eftar 1 Never Married 2 Married 21215-0020 1 ☐ Yes 200 Specify: Specify: Black by 3 XWidowed 4 ☐ Divorced Completed 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 127 Is marked other than "ny traumatic event Elementary/Secondary (0-12) College (1-4or 5+) Carrier U.S. Postal Service High School Baltimore, Maryland 17. Father's Name (First, Middle, Last) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if flem 27 Is marked other any injury or other traumatic event once. 18. Mother's Neme (First, Middle, Maiden Sumeme) Jackson J. Handy Florence Williams 19e. Informant'a Name/Reletionship (Type, Print) sister 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Florence H. Simpson 3647 Dolefield Avenue Baltimore, MD. 21215 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Arbutus Memorial Park June 4 Balto. County, MD. 22. Name and Address of Facility Nutter Funeral Homes, Inc. 21. Signature of Funeral Service Licanses 2501 Gwynns Falls PKWY Baltimore, MD. 21216 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final · CARDIO - RESPIRATORY ARRES disease or condition resulting in death) **Examiner** Due to (or as e consequence of): Physician/Medical Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): METASTATIC Due to (or as a consequence of): ARCINOMA Box jo P.O. Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 1 ☐ Yes 2 ☐ No signed t Records. by page 2 should Completed 24e. Was en autopsy performed? 24b. Were eutopsy findings evailable prior to completion of cause of deeth? 1 Yes of Vital Ber Physician: director, 25. Wes case referred to medical 26. Plece of Death (Check only one) NO Other: 4 Nursing Home Residence 6 Other (Specify) in 24 hours after death.

The Funeral Director: After this of the funeral director after this of the funeral director. Certification: To 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manger of D 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? Division or Attending 5 Pending investigation Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 D Homicide 29e. Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, dete end placa, and due to the ceuse(s) and manner es stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. To the Hosp within 24 hou To the Fune completely fi Medicai (Check only 29b. Signature and title of cartifier License number 29d. Date signed (Month, Day Year)

State Registrar 30. Name and address of person

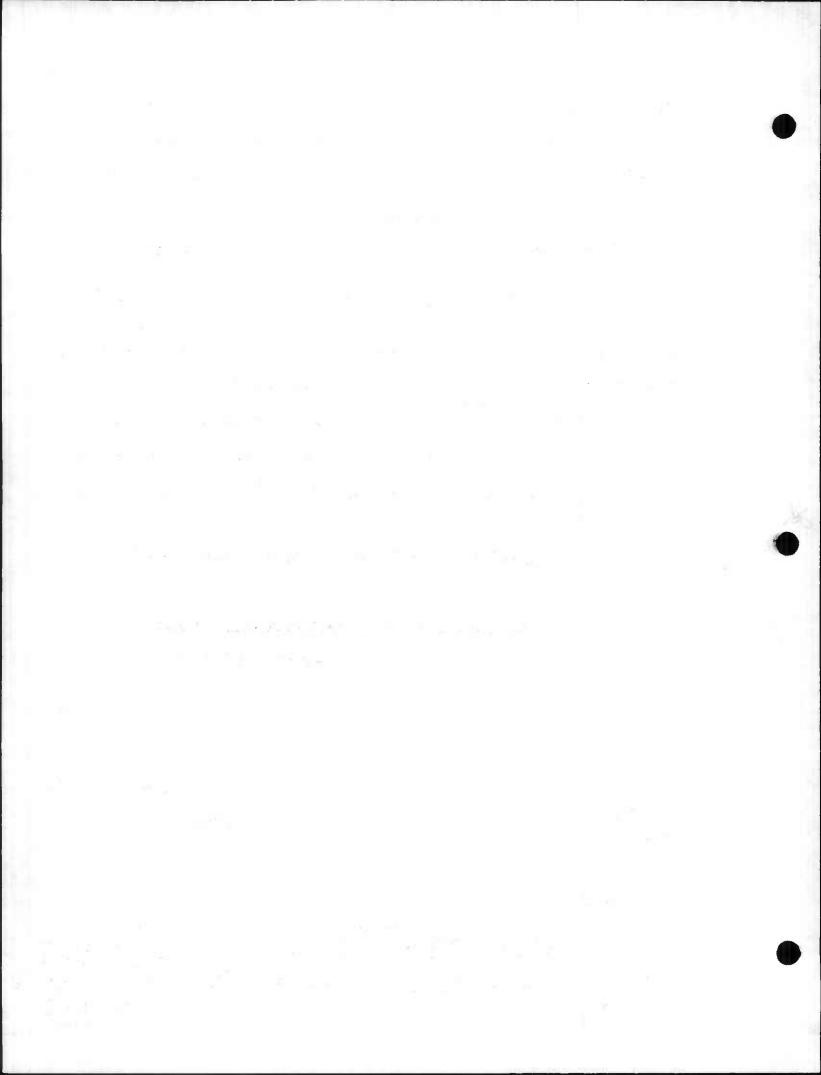
Year)

31. Date filed (Month, Dey, HIN 0 5 199

who completed ceuse of death (Item 23e) (Type, Print)

Signature

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene SHARON HORNE Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth 3 Time of Earth **Physician** 0 1 1997 SHARON CHRISTINE HORN JUNE 8:40 AM /Medical 4e. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** BALTIMORE 2033 GRIFFIS AVENUE N/A 5. Sociel Security Number If Under 1 Yaar If Undar 24 Hrs. 6. Sax 7. Aga (In yrs. lest birthdey) Birthplaca (Stete or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Months Devs 1 ☐ M 2 ☑ F Hours Yrs 219-88-0198 32 Director BALTIMORE AUG 18,1964 Usuel Besidence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location rai", or items 23s or 28s-f show Examiner must be notified at 10d. Inside City Limits 1X Yas 2 No BALTIMORE Director MD N/A 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21223 2918 BENSON AVENUE U.S.A. death . Funeral 12. Wes Decadent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ∑ No If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, spacify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indien, 11. Marital Status Black. While, etc. 2 should be filed within 72 hours after end Mentel Hygiene. Is marked other then "natural", or ite sumatic event, The Medical Exercities 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: þ WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER HOMEMAKING 11TH GRADE 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be RICHARD E. ORR BEVERLY VANHORNE traumatic 2 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Peges 1 and 2 st iment of Health end lant: If item 27 Is in jury or other traur . FRANCIS X. HORN (HUSBAND) 2918 BENSON AVENUE - BALTIMORE, MD 21223 20b. Place of Disposition (Neme of 20a. Method of Disposition Date 20c. Location - City or Town, Stela cemetery, cremetory or other piece) permit. Peges Department of Important: If it any Injury or o 1 ☑ Burlel 2 ☐ Cremanion 3 ☐ Ramoval from State MEADOWRIDGE MEMORIAL PARK 6/5/97 ELKRIDGE 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecility
HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 disease, or complications that caused the death to not antar that mode of dying, such as cardiac or respiretory errest, that failure. List only one cause on each line. Approximata Intervel Between Onsal and Death **Physician** Immediate Cause (Finel disease or condition resulting in death) Head invivies /Medical **Examiner** Due to (oras e consequence of): Physiclan/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initieted events resulting in deeth) Last Due to (or es e consequence of): Due to (or es e consequença of) Box esn signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? o 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown 0 þ Records. Completed 24e. Wes en eutopsy parformed? 24b. Were eutopsy findings available prior to completion of causa of deeth? pege 2 1 Yes 2 □ No 15CYes 2 No of Vital Physician: Be 25. Was case referred to medical axaminer? 26. Plece of Deeth (Check only one) X Yas 2 No Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 NOt NO. FACTOR R HOUSE Certification: To 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 1 Neturel 2 Accident

funeral Division or Attending hours after death. filled in

5 ☐ Pending investigation

6 Could not be determined

28a. Dele of Injury (Month, Dey Year) 6-1-97 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify)

FO LDIVIN 0835

house

1 Yas 2 No

Sulgest fell
281. Location (Street and Number or Rurel Route Number,
City or Town, State) 2033 GRIFFS
BATIMORE CATY MD

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) and menner stated. (Check only one) 29b. Signeture end title of cartifier

29c. License number O.C.M.E. 29d. Date signed (Month, Dey, Yeer) JUNE 01,1997

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

DONALD G. WRIGHT MD

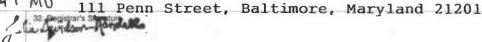
31. Dete filed (Month, Day, Yeer)

3 Suicide

29a. Certifier

4 Homicide

JUN 0 5 1997



A 24 hou.

To the Hosp within 24 hor To the Fune completely fi

edical

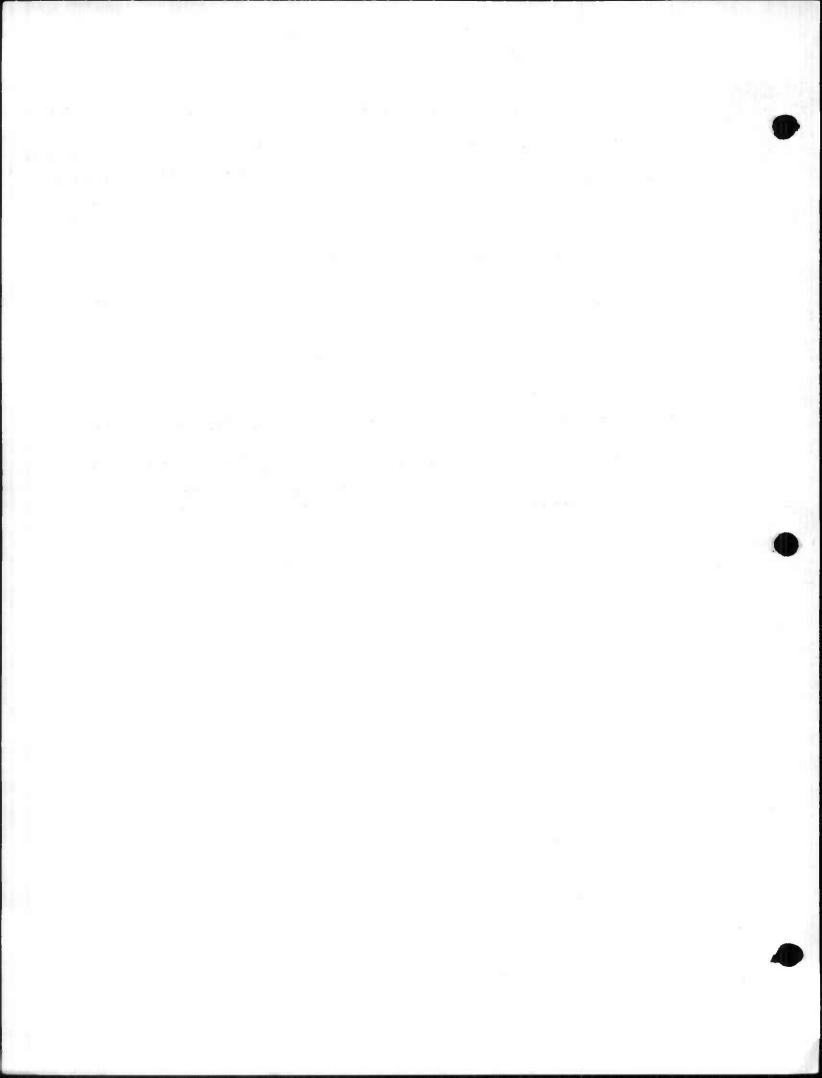
State

Registrar

Hospital

State of Maryland / Department of Health and Mental Hygiene 97

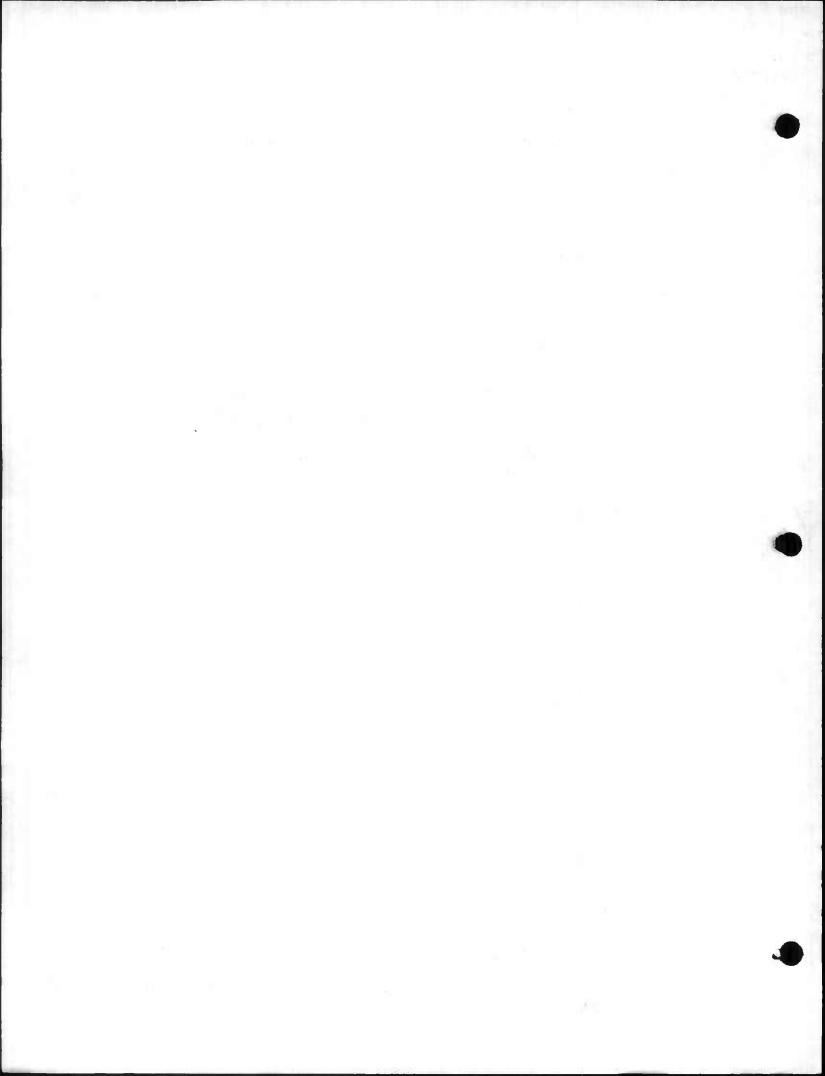
| | | | | | | | | Ce | ertifica | ate of | Death | | | Reg. No. | J 1 | 10011 |
|------------------|-----------|---|--|---------------------------------|----------------------------|-----------------------------|------------|--------------------------|----------------------------------|-------------------|----------------|-------------------|-----------------------------|------------------------|---------------|---|
| hysician | | edent's Nama | a (First, Midd | lle, Last) | | | | | - | | | 2.17 | 2. Dete of D Month | eath Dey | Yaar | 3. Tima of Death |
| /Medical | - | | | | | | nar | d Iml | noff | | | | MAY 3 | 31 19 | | 2:54 am |
| xaminer | | | f not institutio | _ | | | | | | | | | ation of Dea | | nty of Deeth | |
| | - | | lealth | - | | - | | | s Milland | ar d Vana | | timor | | | /A | |
| eral ctor | | al Security N | | 6. Sax | M 2□ | 7. Age | (In yrs. | last birthday Yrs. | Month | er 1 Year Days | | Min. | 8. Data of B (Month, D | | | olaca (Steta or Foreign ntry) |
| Of . | Usuai | 5-09- Rasidence of | Dacedant | ** | | | 10 | - | | | | <u>_</u> <u>_</u> | EB 1/ | , 1919 | Mar | yland |
| | 10a. S | - | 10b. County | / | | | 10c. Cit | y, Town or I | ocation | | | | | | | I Od. Inside City Limits |
| rector | М | D | N/A | | | | Ra | ltimo | ro | | | | | | | 1 ¥ Yas 2 □ No |
| Te o | 10e. St | reet and Nun | | | | | Da. | LCIM | | ip Coda | | | | 10g. Citizan | of What Cou | ntry? |
| E | 12 | 17 W. | Faye | tte | St | reet | | | 2 | 2122 | 3 | | | USA | 1 | |
| Funeral Director | 11. Ma | ritai Status | | 1 | 12. Wes D | Decedant E d Forcas? | ver in U, | S. 13 | . Was Dec | edent of I | Hispanic Orl | Igin? (Spec | ity Yes or N ican, atc.) | o- 14. F | ace - Americ | |
| | | | ad 2 Man | ried | 1 X □ Ye | es 2 N Giva | 0 | | 1 Yas | | | | icari, arc.) | | iack, Whita, | |
| d by | | Widowed | 4 Divorced | i | Yaar | or Datas: | WW | II | , , , | - A. | ороспу. | | | Spe | wn. wn | ite |
| Completed | | (Space | 15. Decedant ify only higha | nt's Educ Is <i>t grad</i> a | cation com <i>plate</i> | ad) | | (Giv | edant's Us a <i>kind</i> of w | vork done | during mos | t of working | 9 | 16b. Kind of | Businass/In | dustry |
| d m | Elarr | nantary/Secon | ndery (0-12) | | Colleg | a (1-4or 5- | +) | | DO NOT | | | | | | | |
| S | 17. Fat | | (First, Middla, | Last) | | | | Deli | very | Ma | n 18. Motha | ar's Nama / | First Middle | Depar | tmen | t Store |
| o Be | | Cha | rles | Tmb | off | | | | | | | | | | | |
| 2 | | | me/Ralations | | | | | 19b Mei | ling Addra | es (Street | t and Numbe | | | rainer | | Code |
| | | | Imhof | | | | | | | | Ct. | | | imore, | | |
| | | athod of Disp | | | | | 20b. P | lace of Disp | osition (N | ame of | | #302 | Data | 20c. Locatio | | |
| | 10 | Burial 2 | Cramation 5 Other (S | 3 DRe | emovai fro | om State | 11.00 | ematary, ch | | | | chi | 0.7 | 2 1 | | |
| 4 | - | 1 | naral Şarviçe | | Anc (| 7 | I I | | | | Inc. | | 91 | Balti | more, | MD |
| 8500 |) | NO | MALO | 6. 1 | NoV | Jona | 101 | | Crema | tion | Socie | ety o | f Mary | land, | Inc. | |
| | 23a. P | art1. Entar th | MCDO na disaasa, or | nalc | ations the | at ceused | tha daath | . Do not a | 299 F | rede | rick l | Rd. Ba | altimo | ore, MD | 21228 | Approximata |
| an | S | hock, or heer | t failura. List | only one | e ceusa d | n eech lin | е. | | | | | | | | | Intarval Between Onsat end Death |
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| Physician/ | Part II. | Other signific | cant condition | ons conti | tributing to | death but | t not rasu | liting in tha | undarlying | causa gin | ven in Part i | | 23b. Did | tobacco use | contribute to | o the cause of death? |
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| tarrainer its | by Funeral Director | | Meritei Status Never Marr Widowed | | | 2. Wes Dece Armed Fo 1 Yes If Yes, Giv | rces? 2 XNo | ı U,S. | | cedent of I pecify Cub | Hispanic Origin? (S en, Mexican, Puerl Specify: | Specify Yes or No Rican, etc.) | No- 14. Race - American India Bleck, White, etc. | | | |
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| r traumatic event, th | 19a. Informant's Name/Relations Evelyn Weaver/si | | | (Type, Print) | | | | | | | ber, City or Town, State, 2 Wood, MD 210 | | | | | |
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| | | 2 | 1. Signature of Fu | | | 6/ | | ICCLO | 22. Name | end Addre | ess of Fecility | 4 | Baltim | | מוט | |
| E a d | | | > Day | Mail | NG | Jona | 6 | | | | Society rick Rd. | | | | | |
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State Registrar 31. Dete filed (Menth 51997)

111 Penn Street, Baltimore, Maryland 21201



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item % Per FH Film G748 6-25-97 ria 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Death William Kubert Kornell 29th 1497 Mai 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death uthern Nurson Home Westmonster Carroll If Under 1 Year 7. Age (Invyrs. Jast birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 5. Social Security N 212-50-6541 1 M 2 F Months Days Min. Hours 81 Yrs. 12/5/1915 MD. Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. tnslde City Limits MD. Baltimore Catonsville 1 ☐ Yes Ž ☐ No 10e. Street end Number 10f Zip Code 10g. Citizen of Whet Country? 218 Blakenev Rd. 21228 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, 11. Marital Stetus Black, White, etc. 1 Never Married 2 Married ☐ Yes 2 🖾 No I Yes, Give white 1 Yas 2 No Specify Specify: 3 □ Widowed 4 □ Divorced Year or Dates: 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Baltimore Gas & 10 engineer Electric 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) Frank Korrell Antoinette (Heiser) 19a. Informant's Name/Relationship (Typa, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Clara Bell Korrell - wife 218 Blakeney Rd., Catonsville, Md. 21228 20a. Mathod of Disposition 20b. Placa of Disposition (Name of 20c. Location - City or Town, State cemetery, crematory or other place) tXXBurlal 2 ☐ Cremetion 3 ☐ Removal from State Crestlawn Mem. Gardens 6/2/97 Marriottsville, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility WITZKE FUNERAL HOME, INC. 23a. Part 1. Enter the disease, or complications that caused the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. Approximate Interval Between Onset end Death Immediata Causa (Final disease or condition resulting in death) . End Stage Chronic Obstructure Pulmony Dz. Due to (or as a consequence of): Sequentielly list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or Injury Dua to (or as a consequence of): that Initiated evants resulting in death) Last Due to (or es e consequence of): Part II. Other stgnificant condittons contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Piece of Death (Check only one)

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

Show

r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

Director

Funeral

Completed by

Be

with the Maryland

filed within 72 hours after death

I Hygiane.

pemit. Pages 1 and 2 should be filed v Department of Haalth and Mental Hygian Important: if item 27 Is marked other th any Injury or other traumatic event, IIIa once.

Saltimore, Maryland 21215-0020

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Box

P.O. I

of Vital Records,

Division

physical The law requires that the death certificate USB page 2 s this

funeral After

Physician/Medical Examiner

Physician: or Attending after death.

I Director: After in by the fu filled in by Hospital 24 hours complately within 2 To the 40

> State Registrar

Chronic Anemra, Major Depression þ Completed Hypo-albumenemia 25. Was case rafarred to medical examiner? Be Other: 4 Nursing Home Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1□ Yes 20 No Certification: To 5 ☐ Residence 6 ☐ Other (Specify) 27. Manner of Death Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide tarm, street, factor, office 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At hor building, etc. (Specify, 4 Homicide 29a. Certifier Certifying Phyaician ourred at the time, data and placa, and due to the cause(s) and manner as stated.

figation, in my opinion, death occurred at the time, data and placa, and dua to tha causa(s) Medical To the bast of my knowle death (Check only one)

29b. Signature and title of certifier

29c. License number 29d. Date signed (Month, Day, Year)

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th (Itam 23a) (Typa, Print) 30. Nama and address of perso who com

* 208, Eldershu 1425 Where Rel, Sute 31. Date filed (Month, Day, Year, JUN 0 5 1997

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| | 1. | Decedent's Name (Fi | irst, Middle, | Lest) | | CE | ertificate of | Dealli | 2. Dete of Deat | ∍g. N o. ⊂ h | | 3. Time of Death |
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| cian Iical | 1 | Edward T. I | Kelly | | | | | | June 01 | 1997 | Yeer | 4:00PM |
| iner | 46 | a. Fecility Neme (If not | institution, | give street end n | um <i>ber)</i> | | | 4b. City, Town, or Lo | ocation of Deeth | 4c. County | of Deeth | |
| , . | 4 | rederick V | | 3 | | | | Catons | | | Ltimo | re |
| | 2 | Sociel Security Number 212-05-5853 | 3 | 6. Sex 1XIM 2□ F | 7. Age (In 94 | yrs. lest birthday Yrs. | Months Deys | If Under 24 Hrs. Hours Min. | 8. Date of Birth (Month, Dey, 12/12/1 | Yeer) .902 | 9. Birthple Count MD | ece (Stete or Foreig ry) |
| | - | suel Residence of Dec Da. Stete 10b | b. County | | 100 | c. City, Town or L | ocation | | | | 10 | d. Inside City Limits |
| tor | | MD. | N/A | | | Baltim | ore | | | | | 1 ☑ Yes 2 ☐ No |
| rec | 10 | De. Street end Number | | · | | | 10f. Zip Code | | 10 | Og. Citizen of W | /het Count | ry? |
| a D | 6 | 203 Mariet | ta A | 7e. | | | 2121 | 4 | | U.S. | Α. | |
| by Funeral Director | | 1. Maritel Status 1 Never Merrled 3 Widowed 4 | _ | 12. Wes Dec Armed F 1 Yes If Yes, G Year or I | orces? 2 No live | in U,S. 13. | . Was Decedent of I If Yes, specify Cub 1 ☐ Yes 2 ☑ No | Hispenic Origin? (Spren, Mexicen, Puerto Specify: | ecify Yes or No- Rican, etc.) | | - America k, White, e . Whi | etc. |
| Completed | | (Specify or Elementery/Secondery | nly highest | Education grede completed Coltege |) (1-4or 5+) | | | petion during most of work d) | ing | 16b. Kind of Bu | siness/ind | ustry |
| S | 17 | 12 7. Fether's Neme (First | t, Middle, L | est) | | Admi | nistrativ | e 18. Mother's Name | e (First, Middle, N | BGE Nelden Surneme | e) | |
| To Be | | Unknown | | , | | | | Unkno | | | | |
| - | | 9a. Informent's Neme/ | Relationshi | p (Type, Print) | | 19b. Mel | ling Address (Street | end Number or Run | al Route Number, | City or Town, | Stete, Zip | Code) |
| | 7 | om Shaffre | ey/ Ne | ephew | | 1290 | 6 Fork Ro | ad Baldwi | n, MD. 2 | 1013 | | |
| | 20 | Da. Method of Disposition Mariel 2 □ Cre 4 □ Donetion 5 □ | emetion : | | | cametery, cre | position (Name of emetory or other pla Park Ceme | | | 20c. Location - G | | |
| | 5 | 1. Signature of Fupera | Service Li | censee | M | | | ssof Facility Shton Fun Ison Ave. | | | . 212 | 28 |
| Examiner | | esulting in death) | | | Dle | to (or as a conse | equence of) | | | | | 16 |
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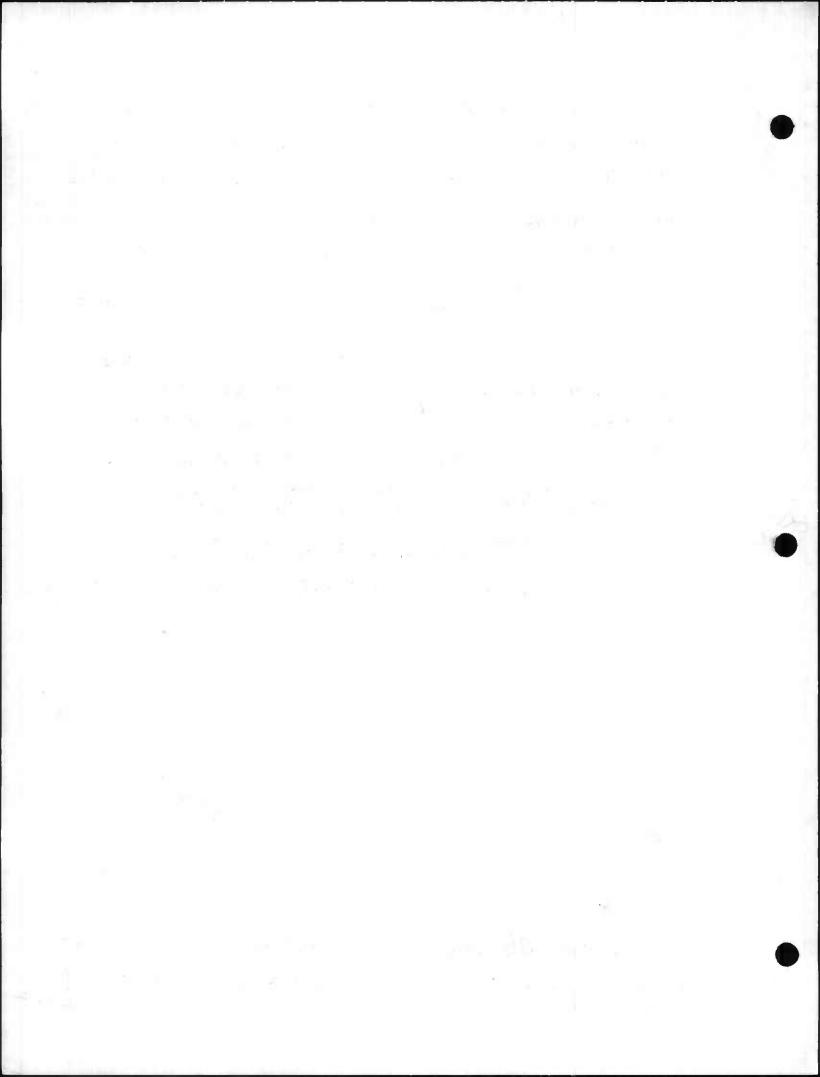
Lul 102: 15/25 t

State of Maryland / Department of Health and Mental Hygiene

| | | | | | C | ertificate | of E | Death | | Reg. No. | - / | 10921 |
|--|--|--|--|---|------------------------------|---|--|---|--|------------------------------|------------------------------|--|
| Physicia /Medic | | Decedent's Name (First, Midd | | OSEPH | KRAFT | , JR. | | | 2. Dete of De | ath Day | .997 | 3. Time of Death 10:00 AN |
| Examin | | 4a. Facility Nama (If not institution 2716 Fifth | | number) | | | 41 | Baltin | Location of Deatl | 100 | y of Death Ltimor | e e |
| Funeral Director | | 5. Social Security Number 218-36-6626 Usuel Residence of Decedent | 6. Sex 1 M 2 □ F | 7. Age (In yr. 57 | s. last birthd | Months | Year Deys | If Undar 24 Hrs Hours Min | . (Month, Da | th ly, Year) 3, 1939 | Coun | ace (State or Foraigi try) "land |
| yland | | 10a. State 10b. County | | 10c. 0 | City, Town or | Location | | | | | 10 | Dd. Inside City Limits |
| the Marylan 28a-f show | ctor | MD Ba. | ltimore | | Balt | imore | | | | | | 1 ☐ Yes 2X No |
| ath with the 23a or 28 unit be no | Funeral Director | 10e. Street and Number 2716 Fifth A | /e. | | | 10f. Zip C | | .234 | | 10g. Citizen of USA | | try? |
| 72 hours effer death with the Maryland natural, or items 23a or 28a-f show olds Examiner must be notified at | by | 11. Marital Status 1 □ Naver Married 2√ Mar 3 □ Widowed 4 □ Divorced | ried 1⊠Yas | cedent Ever in Forces? 2 DNo Bive Dates: Viet | | 3. Was Deceda If Yes, specif | y Cuban | panic Origin? (S , Maxican, Puar Specify: | Specify Yas or No to Rican, etc.) | | ca - America ck, White, e | |
| within ene. | Completed | 15. Deceder (Specify only higher Elementary/Secondary (0-12) | | d) (1-4or 5+) | 16a. De (G life | cedent's Usual ive kind of work b. DO NOT use Painte | done du retired) | tion uring most of wo | rking | 16b. Kind of B | usiness/Ind | lustry |
| e filed al Hygi other vent, I | Be | 17. Fathar's Neme (First, Middle, | Last) | | | | | 18. Mother's Na | me (First, Middle, | | | |
| should bund and Ments | To | Henry Joseph | Kraft, S | r. | | | | Irene | Margaret | Butt | | |
| ss I and 2 sho of Health and Item 27 is me other traum | | 19a. Informant's Name/Relations Fred Bentley | hip (Type, Print) | | | | | | sboro, N | | _ | Code) |
| 00 | | 20a. Method of Disposition 1 XBurlal 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (5 | | n State | cemetery, o | sposition (Name frema <i>tory or oth</i> .11 Memo | er plece | l Gdns | Date 5/4/97 | 20c. Location Middle | | |
| permit. Peg Department Important: f any Injury o | | 21. Signature of Edheral Service | attali | ^ | | | RG F | UNERAL | HOME, P. | Α. | 21214 | |
| Physician /Medical Examiner | | 23a. Part1. Enter the disease, or heart tailure. List immediate Cause (Final disease or condition resulting in death) | complications that only one cause on a. | nos de | ath. Do not | anter the moda | of dying | such as cardia | c or respiratory a | eme | | Approximate Interval Between Onset and Death |
| ocuted ind transit | Examiner | Sequentially list conditions, | 6. Ins | d mlu | upend | sequenca of): | Na | ites m | ellitus | | | S yes |
| nysicia he bur | /Medical Ex | Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Ceuse (Disease or Injury that initieted events resulting in death) Last | c | Due to | (or as a cons | equence of): | | E) | | | | 9.5 |
| y the ettendiched for us | Physician | Part II. Other significant condition | ns contributing to | death but not re | sulting in the | underlying cau | use giver | ı in Part I. | | tobacco usa co Yes 2 No | ntribute to | the cause of death |
| 8 6 8 | Completed by | | | | | | 24a. Was an autopsy performed? 24b. We ava con | | | | | |
| The law ete hes b pege 2 s | E | | | | | | | | 10 | Yes 2 No | | Yas 2□ No |
| certificate | 0 | 25. Was case refarred to medica | | | | | | 26 Place of De | ath (Check only o | | | 1145 2 140 |
| 0 0 | 0 8 | examiner? 1 X Yes 2 □ No | Hospital: 1 | Inpatiant 2 | ☐ ER/Outpat | ient 3 DOA | Other | | | | er (Specify |) |
| Attending Pri | ation: | 27. Manner of Death 1 Natural 5 Pendir 2 Accident investi | 28b. Time Injur | of 280 | injury a Work? 1 ☐ Ye | es 2 No | 28d. Describe how Injury occurre | | | | | |
| ours effer deat ours effer deat eral Director: filled in by the | 27. Manner of Death 1 Seatural 2 Accident 3 Suicide 4 Homicide 2 Re. Date of Injury 4 Response of Death 2 Rescribe how Injury occurred 2 Re. Date of Injury 4 Rescribe how Injury occurred 2 Re. Date of Injury 4 Rescribe how Injury occurred 2 Re. Date of Injury 4 Rescribe how Injury occurred 2 Re. Place of Injury 5 Pending investigation 3 Suicide 4 Homicide 2 Re. Place of Injury 6 Could not be determined 2 Re. Place of Injury 6 City or Town, State 2 Re. Date of Injury 8 Rescribe how Injury occurred 2 Re. Date of Injury 9 Rescribe how Injury occurred 2 Re. Date of Injury 9 Rescribe how Injury occurred 2 Re. Date of Injury 9 Rescribe how Injury occurred 2 Re. Date of Injury 9 Rescribe how Injury occurred 2 Re. Date of Injury 9 Rescribe how Injury occurred | | | | | | | | Route Number, | | | |
| 24 hour 24 hour Funer etely fill | edical | 29a. Certifier (Check only one) Cartifyir 2 Madical | g Physician: To th Examiner: On the l and ma | e best of my kn basis of examin nner stated. | owledge, de letion and/or | ath occurred at Investigation, in | the time | , date and place nion, death occu | , and due to the irred et the time, | ceuse(s) end made and place, | anner as ste and due to | eted. the ceuse(s) |
| To the | Σ | 29b. Signature and title of cartifie | m Abo | nivan, | m. |). 29C. | License | 7632 | - | 29d. Date signe | 3 1 | Pey, Year) |
| ソ | | 30. Name and eddress of person T.CRISSIM 0 | who completed cau | use of deeth (Ite | | e, Print) | D | uNDAL | K AVE | E, BA | 190 | MD |

State Registrar

21222



State of Maryland / Department of Health and Mental Hygiene 97

16922

| | | | | | | | Cer | tificate | e of l | Death | | | Reg. No | 0. | 1 | 10 | سا سا |
|------------------|----|---|---------------------------------|------------------------|-----------------------------|---|-----------|---------------------------|-----------------------|-----------------------------|-------------------|---------------------------------|--------------|--------------------|-----------------------------|--------------------|--------------------------------------|
| -1-1 | | I. Decedant's Nam | na (First, Middla, | Last) | | | | | | | | 2. Data of De | eth Da | 200 | Yaar | 3. Tirr | a of Death |
| sician edical | _ | HEN | IRY | | | | | F | KAHN | | | MAY | 31 | | 1997 | 10 | :10 AM |
| miner | | a. Facility Nama (| If not institution, | giva street and n | um <i>ber)</i> | | | | 4 | b. City, To | vn, or L | ocation of Deat | h 40 | c. County | of Death | | |
| | ı | SINAI H | OSPITAL | | | | | | | B | ALT | IMORE | | N/ | 'A | | |
| erai | 45 | . Social Security N | Number 6 | S. Sax | 7. Aga (| In yrs. last bir | thday) | If Undar Months | 1 Yaar Days | If Undar a | 24 Hrs. Min. | 8. Data of Bir | th V Year | .) | 9. Birthpl | aca (Sta | ate or Foreign |
| or | | 220-03- | | X □M 2□F | | 91 | Yrs. | W. GIRLIO | Cujo | 1100.0 | | DEC. 2 | 4, 1 | 905 | MA | RYL. | AND |
| | - | Jsual Rasidance o IOa. Stata | 10b. County | | - 4 | 0. Oh. T | | -4' | | | | | | | | | |
| 1 | | MD | | N/A | | Oc. City, Tow | | MORE | | | | | | | 10 | | la City Limits Yas 2 \(\text{No} \) |
| Director | | | | N/A | | L) | 7011 | | | | | | | | | 1 124 | THE ZLINO |
| 12 | 5 | 10e. Street and Nu 6807 PA | | HTS AVE. | , AP | r. 1-J | | 10f. Zip | Coda 2121 | 5 | | | | Itizan of \ JSA | What Count | try? | |
| Funeral | 1 | | | | | | | <u></u> | | | | | | | | | |
| in in | 3 | 1. Marital Status | de d. OFF Manufacture | 12. Was Dec | orcas? | er in U,S. | 13. W | Yas, spec | ent of H | ispanic Orig in, Maxican | in? (Sp Puarto | ecify Yas or No Rican, atc.) |)- | | a - America ck, Whita, a | | n, |
| by F | | 3 Widowed | flad 2 Marriad | If Yas, G Yaar or i | 2 XNo | | 1 | ☐ Yas 2 | Z X No | Spacify: | | | | Specify | WH | HITE | |
| | | | 15. Decedant's | | Du(83. | 16a | Decede | ent's Usua | I Occup | ation | | | 16h k | Cind of Bu | usinass/Ind | ustry | _ |
| Completed | | | cify only highast | grada complated | | | (Giva k | ind of wor | k dona d a ratired | during most | of work | ing | 100.1 | | 33114341113 | ustry | |
| E | 5 | Elementery/Seco | ondary (0-12) | Collaga | (1-4or 5+) | | OWN | IER | | | | | | GC | URMET | DE | LI |
| BeC | 1 | 7. Father's Nama | (First, Middla, La | ist) | | | | | | 18. Motha | r's Nam | a (First, Middle | , Meide | | | | |
| ToB | | LOUIS | | | | | KAF | IN | | YE | TTA | | | | 5 | SACH | S |
| | | 19a. Informant's N | ame/Ralationship | (Type, Print) | | 19b | . Mailing | Addrass | (Street | a <i>nd N</i> um <i>be</i> | r or Rur | el Routa Numb | er, City | or Town, | State, Zip | Coda) | |
| | | EDITH K | CAHN (WI | FE) | | 68 | 807 | PARK | HEI | GHTS | AVE. | ., APT. | 1-J | BAL | TO., | MD | 21215 |
| | 2 | 0a. Method of Dis | | | | 20b. Placa of | | ition (Nam atory or of | | ea) | T | Data | 20c. L | ocation - | City or Tox | wn, Stat | a |
| | | | ☐ Cramation 3 5 ☐ Other (Spe | □Ramoval from cify) | S | HAR | | _ | na plac | / | 6/2 | 2/1997 | OW | INGS | MILI | S, | MD |
| | | 21. Signature of Fu | unaral Sarvice Lic | censaa | 11 | | 22 | Nama and | 1.Addres | s of Facility | -1 | OS., IN | | | | | |
| 1 | | DG1 | 0001 | MON | 014 | -00 | | | | | | RD., P | | SVITE | E ME | 21 | 208 |
| | + | 23a. Part1. Enter t | ha disaasa, or co | emplications that | causad th | a daath. Do i | - 1 | | | | | | | DATLI | ic, th | Approxi | |
| n | 1 | shock, or had | irt failure. List on | nly ona causa on | each lina. | | | | | | | | | | | Intarval | Between and Death |
| ı | | mmediata Causa disaasa or conditio | | | D | OLIET A | CRATC | 100 | | | | | | | i | | |
| | | resulting in death) | и | 8 | | OWEL (e to (or as a | CANC | | | | | | | _ | 1 | | _ |
| je je | | | | | | 0 10 (01 45 4 1 | oonooqe | onoo org. | | | | | | | 1 | | |
| Examiner | ١, | Sequantially list co | nditions. | b | Du | a to (or as a | consagu | ance of): | | | | | | | | | |
| | | Sequantially list co f any, laading to in gausa. Entar Unde | nmadiata arlying | | | | | | | | | | | | | | |
| edical | ì | Causa (Disaasa or het initieted avant: asulting in daath) | 3 | C | Du | a to (or as a c | onsequ | anca of): | | | | | | | | | |
| /Mec | | aconting in cauting | | S 11 | | | | | | | | | | | | | |
| | | | | d | | | | | | | | | | | 1 | | |
| Physician | P | art II. Other signif | icant conditions | contributing to d | death but n | ot rasulting Ir | tha un | darlying ca | usa giv | an in Part I. | | 23b. Did | tobacc | o use co | ntributa to | the cau | sa of death? |
| Phy | | | | | | | | | | | | 10 | Yes : | 2⊠ No | 3 Prob | ably | 4 Unknowr |
| Š | | | | | | | | - | | | | | | | | | |
| ted | | | | | | | | | | | | 24e. Wes | en auto | opsy | ava | ilable pr | osy findings ior to |
| Completed | - | | | | | | | | | | | | | | of d | nplation laath? | of causa |
| 0 | | | | | | | | | | | | 10 | Yas 2 | No No | 1 🗆 | Yas | 2 No |
| Be (| | 5. Was casa rafar | rad to medical | | | | | | | 26. Place | of Deet | h (Check only | ona) | | | | |
| 10 | | 1 Yas 2 | No | Hospital: 1 [3 | Inpatiant | 2□ER/Ou | tpatient | 3 DO | A Othe | ar: 4 🗆 Nur | sing Ho | ma 5 Rasi | dance | 6 □Oth | ar (Specify |) | |
| | | 7. Mannar of Deat 1 [™] Neturel | h 5 Panding | 28a. Data (Mor | of Injury | 9ar) 28b. T | Tima of | 28 | Bc. Injury Work | at k? | | 28d. Dascribe | how inju | ury occur | red | | |
| atic | | 2 Accidant | Invastigat | ion | | | | М | | Yas 2□N | lo | | | | | | |
| Certification: | | 3 ☐ Suicida 4 ☐ Homicida | 6 Could not determine | 20d. Flau | a of Injury ling, etc. (| - At homa, fa | rm, stra | at, factory. | offica | | | 28f. Location (| | | er or Rural | Routa | Vum <i>ber</i> , |
| Cer | | | -3 | 55110 | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | 2.9 20 | | | | | |
| | | 9a. Certifiar (Check only | 1 XCertifying I | Physicien: To the | e best of m | ny knowledga | , deeth | occurrad a | t ha tim | na, data and | place, | and dua to tha | causa(s | s) and ma | anner as sta | ated. | 00(0) |
| edical | | one) | Z Medical EX | aminer: On tha b | nar stated | amination and | Wornnva | istigation, | in my of | pinion, daati | n occur | ad at tha tima, | date an | o piace, | and dua to | ına cau | sa(S) |
| Σ | 2 | 9b. Signature and | title of certifiar | A | \ | / | | | | a number | | | 29d. Da | ata signe | d (Month, E | Day, Yes | ar) |
| | | M | 9 | 5 as | 2- | 1 | | D | 28 | 314 | 6 | | 6 | 15 | 19 | | |
| | 3 | 0. Name and eddr | ass of person wh | o completed cau | sa of deat | h (Itam 23a) (| Type, P | rint) | | | | | | 1 | 11 | | |
| | | DR. RICH | | | | | | | , St | JITE 2 | 40 | OWING | S M | ILLS | , MD | 211 | 17 |
| tate | 3 | 1. Date filed (Mon | | 32. F | | Signatura | | | - | | | | | | | | |
| strar | | JUN 0 5 | 1997 | " la D | widson | -Randel | 2 | | | | | | | | | | |
| 6/95 | | V C | | 0 | 1-000 | 1 | | | | | | | | | | | |

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: 16 per FH G-748 6-5-97 eoh 1. Decedent's Nama First, Middia, Last) 2. Date of Daath 3. Time of Death Month June 4a. Facility Neme (Inot Institution, giva street end number, 4b. City. Town, or Location of Death 4c. County of Death 6601 GICARIST Daltim ore Trec itimore If Undar 24 Hrs. 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth Birthplace (Steta or Foreign Country) Days Year) 1□ M 21 F 48 Yrs. 164-40-1156 Usual Rasidance of Decedant 10a, Stata 10b. County 10c. City, Town or Location 10d. inslda City Limits 1 ☐ Yes 2 ☐ No BALTIMORE OWINGS MILLS 10f. Zip Coda 10e, Straat and Number 10g. Citizan of What Country? 18 INDIAN PONY COURT 21117 U.S.A. 12. Wes Dacedant Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, etc. 11. Marital Status 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Dates: 1 Navar Married Marriad 1 Yas 2 No Specify: Specify: WHTTE 3 Widowad 4 Divorcad 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacadant's Education 16b. Kind of Business/Industry (Specify only highest grada complated) Elamantary/Secondary (0-12) College (1-4or 5+) SERVICE OWNER SECRETARIAL SRERVICE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Sumama) HARRY B. SYLVIA SEMBERG 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Steta, Zip Coda) FRED H. LISSAUER / HUSBAND 18 INDIAN PONY COURT OWINGS MILLS, MD 21117 20b. Place of Disposition (Nema of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State NC Burlal 2 Cremation 3 Removal from Stata 4 Donation 5 Othar (Spacify) 6/4/97 BALTIMORE HEBREW REISTERSTOWN, MD 21. Signature of 22. Name end Addrass of Facility SOL LEVINSON & BROS., INC 8900 Reisterstown Road Pikesville, MD 21208 nplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, your adveyon each line. Approximata Interval Batwe Onsat and Death Immediata Cause (Final omerentic 6 months disease or condition rasulting in death) Sequentially list conditions, if any, laading to immadiate causa. Entar Undarlying Causa (Diseesa or injury thet initieted avents resulting In daath) Lest Dua to (or as a consequance of): Dua to (or as a consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown 24b. Wara autopsy findings evellable prior to 24a. Was en eutopsy completion of causa of death? 282No 25. Was case rafarrad to medical 26. Piece of Deeth (Check only ona)

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

28a-f show

6 items 23a

death

filed within 72 hours after

Baltimore, Maryland 21215-0020

Box 68760.

P.O.

scords,

Division

the Medical Examiner must be notified

"natural", or

Hygiane.

permit. Pagas 1 and 2 should be filled Department of Haaith and Mental Hygis Important: If item 27 Is marked other eny injury or other traumatic event, III

Director

Funeral

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Completed

Be 2

burial-transi

requires that the death certificate be executed o 90 director, page 2 should certificate this the funeral After or Attending daath. To the Hospital or Attendition 24 hours aftar daath.
To the Funeral Director: A filled in by

use as the

completely

Medical

Physician/Medical à Completed Be P Certification:

(Check only one)

5 Panding invastigation

6 Could not be detarmined

axaminar

27. Manner of Death

1 Natural 2 Accident

3 Suicide

29a. Cartifier

4 Homicida

1 Yas 2 No

Certifying Physicien: To the best of my knowladga, deeth occurred at tha time, dete end place, and dua to tha ceuse(s) end mannar as stated.

2 Medical Examiner: On tha basis of axamination end/or invastigetion, in my opinion, daeth occurred at tha tima, date and place, and dua to tha causa(s) and manner stated. 29b. Signeture and title of artifler

Kone

Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA

28b. Tima of

28e. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify)

6701

29c. Licensa number

A. Charles St. Balta Md

28c. Injury at Work?

1 Yes 2 No

29d. Data signed (Month, Day, Yaar)

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

Othar: 4 | Nursing Homa 5 | Rasidence 6 Sothar (Specify) + 0 1 Ce

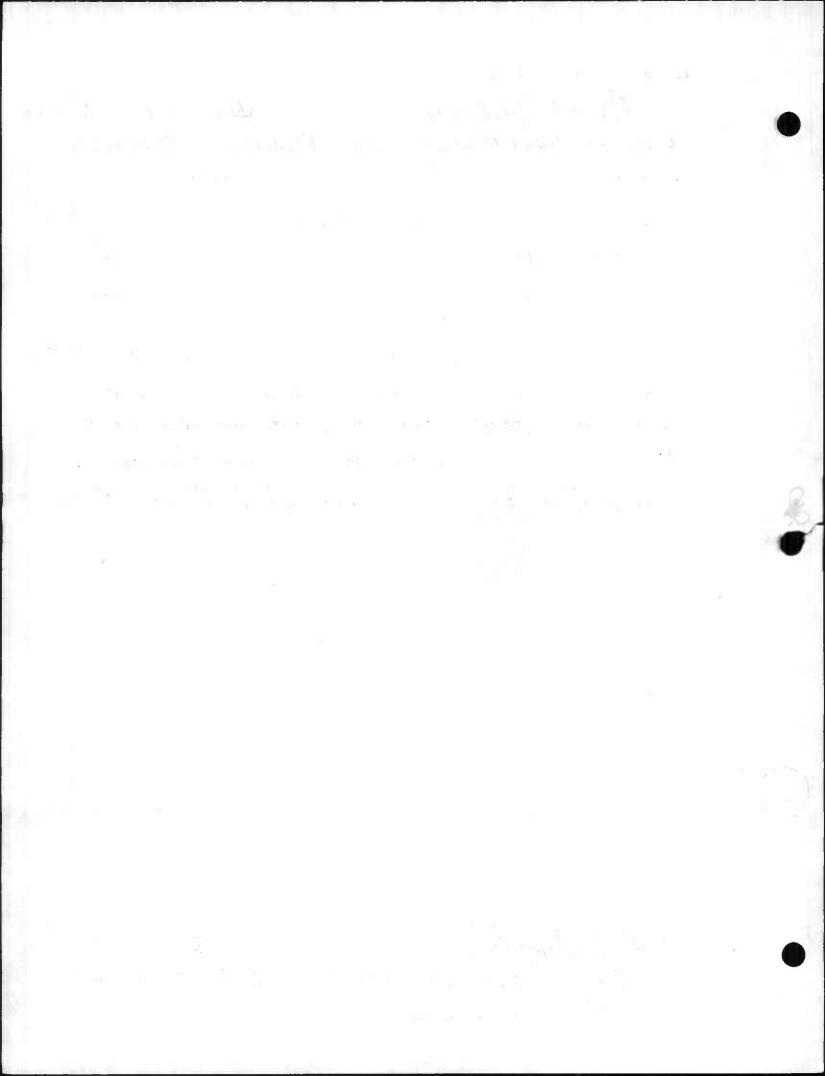
28d. Describe how injury occurred

-clev

32. Begistrar's Signatura

pleted cause of death (Itam 23a) (Type, Print)

DHMH 16 Rev 6/95

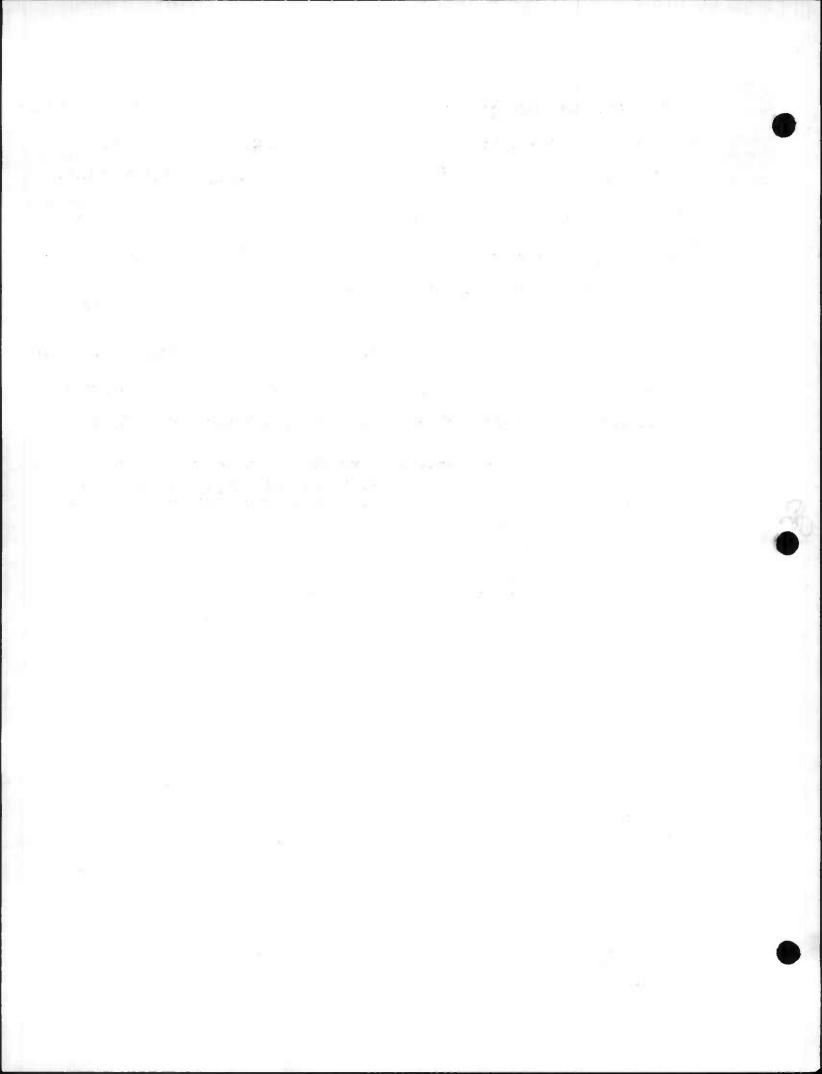


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

16924

| | | | | Cei | lineale | II Dealli | | Reg. No. | | |
|--|------|---|---|------------------------------------|------------------------------------|---|---------------------------------------|------------------------------------|-------------|---|
| Physician | | 1. Decedent's Name (First, Middla, Last |) | | | | 2. Date of E | Deeth Dey | Year | 3. Time of Death |
| /Medical | 1 - | John Elliott I | | су | | | June | 1 19 | | 11:35 PI |
| Examiner | ľ | 4e. Fecility Name (If not institution, give | street end number) | | | 4b. City, Town, | , or Location of Dec | eth 4c. Count | of Death | |
| | | 6624 Hartwait | | | | Balti | | | NA | |
| Funeral | 1 | 5. Sociei Security Number 6. Sa. | N | s. last birthdey) | If Undar 1 Ya Months Da | | Hrs. 8. Date of E Min. (Month, I | Birth Dey, Yeer) | 9. Birth | piece (Stete or Foreign |
| irector | | 225-18-1183 | ZIM SEL | 6 Yrs. | | | | 2 1920 | Vir | ginia |
| * | - | Usual Residence of Decedent 10a. Stata 10b. County | 100.0 | City, Town or Lo | nation | | | | | and traits on the |
| Trauties, or news 23s of 20s-1 snow adds Examines must be notified at effect by Funeral Director | | Maryland NA | | Baltimo | | | | | [| 10d. inside City Limits 1X Yas 2 □ No |
| iner must be notified Funeral Director | 2 - | | | oar CIMC | | | | | | |
| 200 | 5 | 10e. Street end Number | | | 10f. Zip Cod | | | 10g. Citizen of | Whet Cou | ntry? |
| 2 2 | 9 | 6624 Hartwait S | | | 212 | | | | .S.A | • |
| nu e | 3 | | 12. Wes Decedent Ever in Armed Forces? | U,S. 13. V | Vas Decedent of Yes, specify C | of Hispenic Orlgin Juban, Mexican, P | ? (Specify Yas or Nuerto Rican, etc.) | lo- 14. Ree Bie | ca - Amaric | can Indien, etc. |
| by F | _ | 1 Never Married 2 Married | 1 X Yes 2 No 1 ! | | ☐ Yes 2X N | No Specify: | | Specif | v: | |
| 9 | | 3 ☐ Widowed 4 ☐ Divorcad | | 946 | | | | | BI | .ack |
| Completed | | 15. Decadent's Edu (Specify only highest gred | | 16a. Deced | ent's Usuei Ock kind of work do | cupation na during most of tired) | working | 16b. Kind of B | usinass/in | dustry |
| E | | Elementary/Secondery (0-12) | Collega (1-4or 5+) | | | urea) | | Chool | Max | ufacture |
| | | 17. Fether's Neme (First, Middle, Last) | NA | Insp | ector | 40 Mathada | Name (First, Midd | | | luracture |
| BeC | 5 | | | | | | | ie, Meiden Surner | | |
| To | | John W. | | Lacy | | | erva | | | ston |
| | | 19a. Informent's Neme/Relationship (Ty | , | | | | r Rurel Routa Num | | | |
| | | Clifton | Lacy (Son | | | | . Balto | | 2122 | |
| | 1 | 20a. Method of Disposition 1 Duriel 2 □ Cremation 3 □ R | | Plece of Dispos cemetery, crem | etory or other p | plece) | Data | 20c. Location | City or To | own, Stete |
| | | 4 Donetion 5 ☐ Other (Specify) | Ga | rrison | Forre | st | June 6 | Owings | Mil | ls, Md. |
| JCe. | | 21. Signature of Funeral Service License | 2//. | / 22 | Nama and Add | dress of Fecility | i/Chojna | acki E | н р | Σ Δ |
| a | | Mark (1 | (hanas | - U 1 | 005 Du | indalk A | Ave. B | alto | Md. | 21224 |
| | | 23a. Fort1. Enter the disease, or compliantock, or heart failure. List only or | cellons that haused the dec | eth. Do not ente | or the mode of o | dying, such as car | diac or respiretory | errast, | | Approximate intervel Batween |
| dical liner | | Immediate Ceuse (Finel disaese or condition rasulting in deeth) | Due to | (or es a conseq | uenca of): | all f | aulus | ٩ | | |
| Examiner | | Sequentielly list conditions, if eny, leeding to immediate cause. Enter Undarlying Ceuse (Disease or Injury that initiated events | Due to | or as a consequ | ience of): | Alle | Jan 19 | | | |
| n/Medical | 1 | Ceuse (Diseese or Injury thet initiated events resulting in deeth) Last | Due to (| or as e consequ | ienca of): | 201100 | V | | | |
| | | | 1. | | | | | | <u> </u> | |
| Physicia | | Part II, Other significant conditions con | tributing to death but not re | sulting in the un | darlying causa | given In Pert I. | 23b. Di | d tobacco use co | ntribute to | o the cause of death? |
| d by Physic | | | | | | | 10 | Yes 2 No | 3 Pro | bably 4 Unknown |
| leted t | | | | | | | 24a. Wa | s en eutopsy formad? | | ara autopsy findings |
| plet | - | | | | | | per | ionnao : | co | mpletion of causa death? |
| Completed | | | | | | | 10 | Yes 2 No | 1 | ☐ Yas 2☐ No |
| Be Com | | 25. Was case refarred to medical | | | | 26 Place of | | A | | 3 143 2 140 |
| 0 | 1 | examiner? | fospital: | ☐ ER/Outpatient | 3□ DOA | Other | Deeth (Check only | | ne /5===" | 641 |
| ⊢ | · - | 27. Manner of Death | 28a. Deta of Injury | 28b. Time of | 28c. in | 4 LI Nursin | g Home 20 Ra: | sidence 6 ∐Oth how injury occur | | yı |
| tior | | Natural 5 Pending investigation | (Month, Day Year) | Injury | | Vork? ☐ Yas 2 ☐ No | | , , , | | |
| fica | | 3 ☐ Sulcide 6 ☐ Could not be | 28e. Place of injury - At I | home form stre | | | 28f Location | (Straet end Numl | ner or Rurs | al Route Number |
| Certification: | | 4 ☐ Homicide datamined | building, etc. (Spec | ify) | ot, ractory, onit | 00 | City or T | own, State) | 07 11072 | , |
| ledical C | | 29a. Certifier (Check only one) Cartifying Phye 2 ☐ Medical Examir | elcian: To the best of my kn her: On the basis of exemin and mennar stated. | owledga, daath etion end/or Inv | occurred et the | time, dete end pl y opinion, daath o | lece, and due to the | e ceuse(s) end m | enner es s | tatad. o the ceuse(s) |
| Medical Certifi | 1 | 29b. Signature end tele of certifier | and morning officer. | | 29c. Lice | ensa number | | 29d. Date signe | d (Month, | Dey, Year) |
| | | / Om | | | 7 | Ch21 | \r. | 610 | 10 | 7 |
| | 3 | v. Nama and addrass of person who co | moletad cause of death /lies | m 23a) (Timo 5 | Print) | 2 0- | 73 | 9/1 | 17 | |
| | 1 | S'KNIA PI | M In A \ A A | | . 11 [| 2 anh | P. | io Ro | Na | M of 2122 |
| State | 3 | 31. Date filed (Month, Day, Year) | 32. Registrer's Sign | netura | Acr 1 | 200 | LOVE | المال المال | JAN 10 | on right |
| egistrar | | IUN 0 5 1997 | Julia Dardson A | | | | | | | |
| | | JUN O J.OO! | - The maniation- | INCOM | | | | | | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| | | . Decedent's Na | me (First, Midd | fle, Last) |) | | | | | | | | 2. Date of D | | | voice of | 3. Tim f. |
|--|--|--|--|---|--|--|--|--|---|------------|------------------------------------|-------------------------|--|--|--|---|--|
| lan | _ | Timo | hu | | D. | 1 | -AY | っと | | | | | June | Dey | 19 | Year | 130 |
| ical iner | 4 | e. Facility Name | | n, give | street and nu | um <i>ber)</i> | - 1 1/ | | | | 4b. City, To | wn, or Lo | cation of Des | | County of | f Deeth | 10 |
| | ı | DEATON | MEDICA | L C | ARE CE | ENTER | | | | | BALT | TMORE | | | N/A | Δ | |
| Г | 5. | . Social Security | | 6. Sex | x | _ | In yrs. las | t birthdey) | If Under | | If Under | 24 Hrs. | 8. Date of B (Month, D | irth | - | | ace (State or |
| | - | 17-86-3 Isual Residence | | 1× |]M 2□F | 36 | | Yrs. | Months | Deys | Hours | Min. | SEPT 3 | | | | GINIA |
| | 1 | 0a. State | 10b. County | / | | 1 | Oc. City, 1 | Town or Loc | cation | | | | | | | 10 | d. inside Cit |
| to | | MD | N/ | 'A | | | BAI | LTIMO | RE | | | | | | | | 1X Yes |
| Funeral Director | 11 | 0e. Street and N | umber | | | | | | 10f. Zip | Code | | | | 10g. Citiz | en of Wh | nat Count | ry? |
| a D | | 1223 WI | LKENS A | VEN | UE | | | | | | 21223 | 3 | | | U.S | 5.A. | |
| ner | 1 | 1. Marital Status | | | 12. Wes Dec | | er in U,S. | 13. V | Ves Dece | dent of H | ispenic Ori | gin? (Spe | cify Yes or N Rican, etc.) | 10- 1 | 4. Race | - America | n Indien, |
| by Fu | | | rried 2□ Mar | | | 20 No | | | l □ Yes | | | | rican, etc.) | | Bleck, Specify: | , White, e | |
| 8 | | | 15. Deceder | nt's Edu | cation | | 1 | 16a. Deced | lent's Usua | al Occup | ation | | | 16b, Kin | d of Busi | WH] | |
| Completed | - | | ecify only highe | st grade | e completed) | | | (Give I | kind of wo | rk done | durina mos | t of worki | ng | 100.11. | | 114551116 | uoti y |
| E | | 12TH GR | | | Collega (| (1-40F5+) | | LABO | ORER | | | | | | CON | NSTRU | JCTION |
| Be C | | 7. Father's Name | e (First, Middle, | Lest) | | | | | | | 18. Mothe | r's Name | (First, Middle | e, Meidan S | | | |
| To B | | WILLIAM | F. LAN | ΙE | | | | | | | RUT | CH PA | RKER | | | | |
| - | | 9a. Informant's I | Name/Relations | ship (Ty | pe, Print) | | | 19b. Mailin | g Address | s (Street | end Numb | er or Rura | I Route Num | ber, City or | Town, S | tate, Zip | Code) |
| | | RUTH P. | HUDSON | (M0 | OTHER) | | | 6444 | JULI | E AN | IN DR | VE - | HANOV | ZER. M | 1D 21 | 1076 | |
| | 20 | Da. Method of Di | sposition | | | | 20b. Plac | a of Dispos | sition (Ner | me of | | | Date | | ation - C | | vn, Stete |
| | | | Cremetion 5 Other (S | | lemoval from | Stata | | etery, crem | | | | 16 | 11.107 | HANG | MED | MD | |
| | 2 | 1. Signature of F | | | h 1 | 1/ | DAIL | | | | | | /4/97 | | OVER, | MD | |
| | - | Va | 10: | | 11 | har | 1116 | | | | | | E INC. | | | | |
| | - | - fu | you | N | > V | 000 | 010 | 41 | 107 W | ILKE | NS AT | ENUE | -BALTI | MORE, | MD | 21 | 229 |
| | 1 2 | 3a. Parti /Enter | | | | 1.4 | | | | | | - | | | | | |
| | | shock, or he | art failura. List | compile only on | cetions that one cause on e | caused the | e death. I | Do not ente | er the mod | le of dyln | ig, such es | cardiac o | r respiretory | errest, | | | Approximete Intarval Baty |
| | ١. | 4 | | r compile t only on | | | | Do not ente | er the mod | le of dylr | ig, such es | cardiac o | r respiretory | errest, | | | Approximete Intarval Baty Onset end D |
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| al Examiner | d re Sit GC | mmediata Ceuse isease or condit esulting in deeth dequentially list of any, leeding to ause (Disease of ause (Disease of | onditions, immediata lerlying or Injury | r compiler only on | Ar | Joe Du teric | a to (or as | Ciel s a consequ | uenca of): | le of dylr | ig, such es | cardiac o | r respiretory | errest, | | | Intarval Baty Onset end D |
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 16926 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Dev **Physician** Month Year Adam Lubinski /Medical June 04 1997 6:35 AM 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth Riverview Nursing Centre, Incorporated Baltimore Baltimore 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. (Month, Dey, Year) 6. Sex 1X M 2 ☐ F 9. Birthplece (State or Foreign Country)
MARYLAND. **Funeral** 216-03-9609 Director Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits the Medical Examiner must be notified at BALTIMORE DUNDALK Director 1 ☐ Yes 2 No 10e. Street end Number 10g. Citizen of Whet Country? ò HAROLD 238 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2 No If Yes, Give Yeer or Dates: 14. Rece - American Indien, Bleck, White, etc. "natural", or items 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: WHITE 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retirad) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed will Department of Health and Mental Hygient Important: If Item 27 is marked other tru any fujury or other traumatic event, Italy Once. INSPECTOR WESTERN ELECTIK 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) LUBINSKI STANIS LOW LECHERT 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) KIPP- MUCHER 7849 HAROLD ELIZAGETH BALTO, MO 21222 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 1 Burial 2 ☐ Cremetion 3 ☐ Removal from Stete STANISLAUS Con 6.5.97 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility
CONNESSY FUNERAL HOME OF BUNDACK
TILD SOLLERS POINT Rd. BALTO. MD. 2/22 21. Signature of Funerai Service Licansee 23a. Pert1. Enter the disease, or complications that caused the deeth. Disnot enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feiture. Ust only one cause on each line. Approximete Intervel Between Onset end Death **Physician** Immediete Cause (Finel diseese or condition resulting in deeth) /Medical Oneuronia bucck Examiner Due to (or es a consequence of): Physician/Medical Examiner physician end the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Lest Box 68760. P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by Records, 24b. Were sutopsy findings eveilable prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 No on of Vital iding Physician: 25. Wes case referred to medical examiner? 28. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Menner of Deeth 28d. Describe how injury occurred 1 Natural
2 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide tize Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier (Check only one) 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) N. Desupandens - D 46082 6/4/97

30. Name and address of person who completed cause of death (Item 23e) (Type, Print) NEETA DESHPANDE, M.D.

BACTIMORE, MS 21221

DHMH 16 Rev 6/95

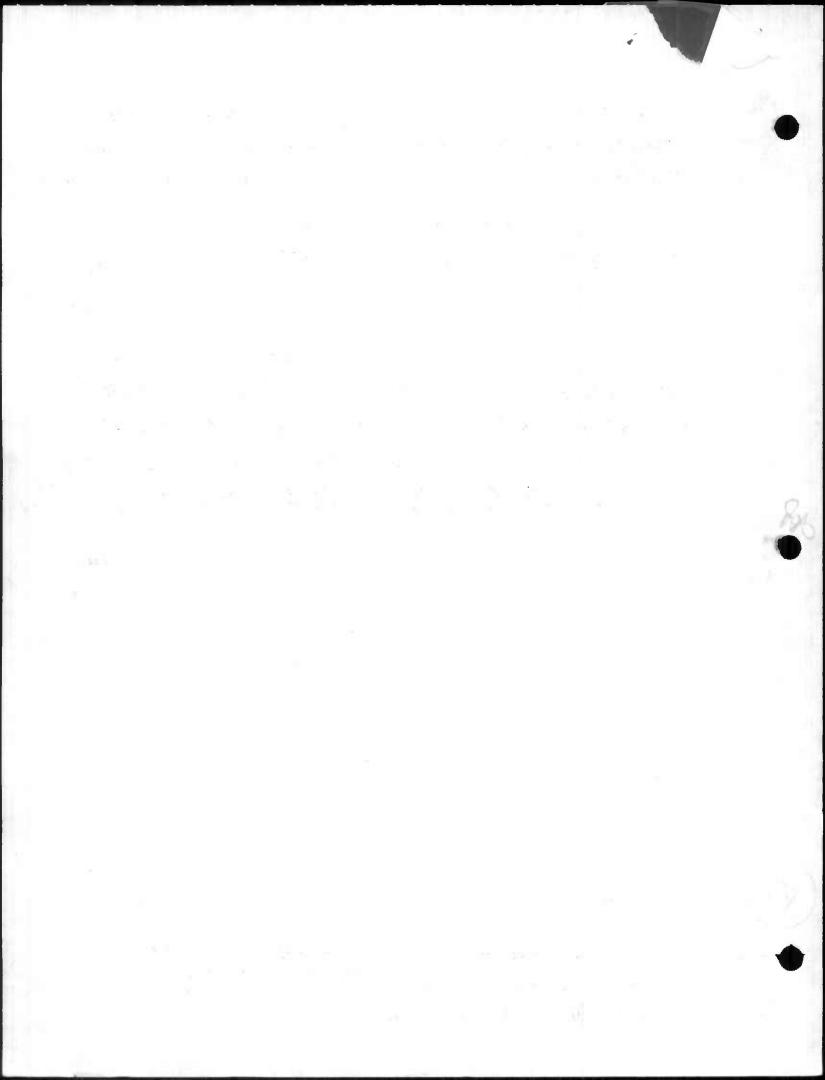
Registrar

I EASTERN BLVD.

22. Registrar's Signeture

31. Date filed (Month, Day, Year)

JUN 0 5



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6927 Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 9:54 AM SARAH MODE 97 MULLENNAX 01 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Deeth John Hopkins Bayview Medical Center Baltimore 8. Date of Birth (Month, Dev. Year) Feb 14, 1911 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Yaar If Under 24 Hrs. Birthplece (State or Foreign Country) **Funeral** Days 1 M 2 F Months Hours 217 30 3119 Director 86 Maryland Usual Residence of Decedent 10e. Stete 10b. County 10c. City. Town or Location 28a-f show 10d. Insida City Limits r than "netural", or items 23a or 28a-f sl the Medical Examiner must be incitified 1 ☐ Yes 2 ☐ No Director MarylandBaltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1624 "B" Old Eastern Avenue 21221 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☒ No if Yes, Give Yaer or Dates: Was Decadent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. should be filled within 72 hours efter ond Mental Hygiene. marked other than "natural", or fler 1 □ Never Married 2 □ Married 1 ☐ Yes 2 No Specify: Specify: White þ 3 ☐ Widowed 4 ☑ Divorced Completed Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 8 Sales Clerk Retail Sales 17. Fether's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) 12 should be fi h end Mental F 7 is marked of Tanzey William Frances Putnam 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 end 2: Department of Health el Important: If item 27 is any Injury or other trau Regene T. Mullennax (son) 2314 Gross Ave. Baltimore, Maryland 21219 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Steta 1 Buriel 2 Cremation 3 Removel from Stata 4 Donation 5 Other (Specify) Oak Lawn Cemetery June 5,1997 Baltimore, Maryland 21. Signature of Funeral Service Lices 22. Nama and Addrass of Facility
Bruzdzinski Funeral Home PA 1407 Old EAstern Ave Essex, Maryland 21221 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Finel diseasa or condition resulting in death) myocardial inforction minutes Examiner Due to (or es e consequence of): Examiner mesenteric ischemic 3/P bortial bowel 1 worth pue Sequantially list conditions, if eny, leeding to immediate causa. Enter Underlying Ceuse (Disease or Injury Due to (or es a consequença of): mitrages burielphysician 8 months previous revocation inforction Physician/Medicai thet Initiated events resulting in deeth) Lest the Due to (or es e consequence of): for use es ed by the e Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contributa to the cause of death? 1 Yas 2 No 3 Probably 4 Onknown Atrial fibrillation, condiac heart-Failure Ď 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed diffuse atheroscleratic disease 2 1 No 1 Yes 2 No 1 ☐ Yas director Be 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitel: P 1□ Yas 2□ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28e. Dete of Injury (Month, Dey Year) uneral 27. Menner of Death 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suicida Placa of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end piece, and due to the ceuse(s) end menner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the ceuse(s) and manner stated. Medical 29a. Certifier (Check only one) To the within 2 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month. Day, Yaer)

June.

21205

State Registrar

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

N. 31. Dete filed (Month 997) Street

32. Registrads Signeture

Julia Davidson-Randell

Baltimore

DHMH 16 Rev 6/95

the Maryland

death

Baltimore, Maryland 21215-0020

be executed

Box 68760,

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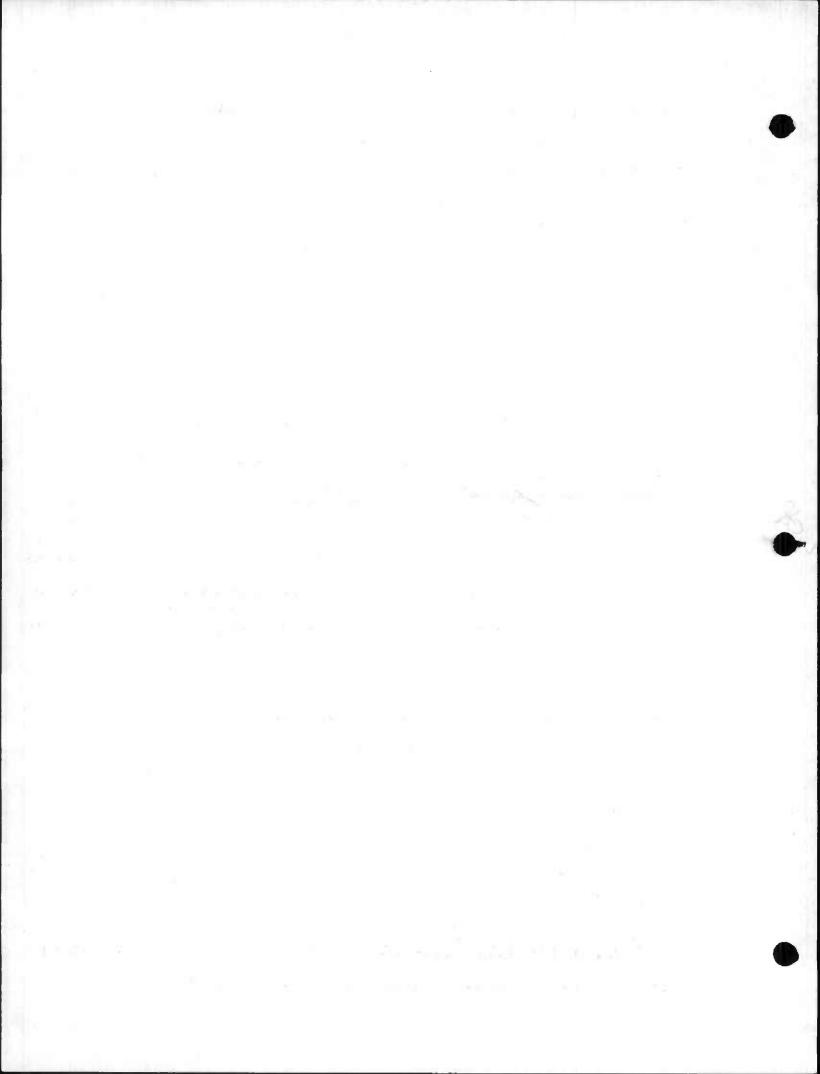
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month JOAN D. MCCULLOUGH 1997 JUNE 3. 4:30 P 4e. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 5. Sociel Security Number If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year)
Sept. 11,1956

8. Dete of Birth (Month, Day, Year)
Sept. 11,1956

9. Birthplece (Stete or Foreign Country)
Maryland 7. Aga (In yrs. lest birthday) 1 □ M 2 🖾 F Months Days 40 Yrs. 213-72-9764 Usuet Rasidanca of Decedent 10e State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Owings Mills Maryland Baltimore 10e, Street and Number 10g. Citizen of Whet Country? 10f. Zip Code U.S.A. 12124 Greenspring Avenue 21117 12. Was Decedent Ever in U,S. Armed Forces?

1 ☐ Yas 2 ☑ No If Yes, Give Yaer or Dates: Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Black, Whita, atc. 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2XXNo Specify: 3 Widowed 4 Divorced White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest greda complated) Cotiege (1-4or 5+) Etementary/Secondary (0-12) Finance Baltimore City 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Edmund T. McCullough Joan Ridgely 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 12124 Greenspring Avenue Owings Mills, Maryland 21117 Douglas Elseroad (Fiance) 20e. Method of Disposition 20b. Pieca of Disposition (Neme of cemetery, crematory or other place) June 7, 20c. Location - City or Town, Stete th Buriei 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) Meadowridge Memorial Park 1997 Dorsey, Maryland 21. Signature of Ferminal Service Licensee 22. Name end Address of Fecility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, MD 21228 23a. Part 1. Enfer the disease, or complications that caus shock, or heart feilure. List only one ceuse on each wha death. Do not anter the mode of dying, such as cardlac or raspiratory arrest, Approximata intervet Between Onset and Death Immediete Cause (Finai RESTRICTIVE CARDIOMY OPATHY 7 MONTHS diseese or condition resulting In death) Sequentially list conditions, if any, leeding to Immediata cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in daeth) Lest Due to (or es e consequence of): Due to (or es e consaquenca of): Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown GRAFT ATHEROSCLEROSIS 24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy Yas Yas 2 No 1 Yes 2 No 25. Wes case referred to medical 26. Piece of Deeth (Check only one) exeminer? Hospital: 1 inpatient 2 ER/Outpatient 3 DOA Other: 4 ☐ Nursing Homa 5 ☐ Rasidenca 6 ☐ Other (Specify) 1 ☐ Yes 2 No 27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred -1 Naturel 5 Pending 1 Yes 2 No investigetion 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide

Box P.O. signed by Division of Vital Records. certificate hes

Physician/Medical Completed To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completely filled in by the funeral director: Be 0 Certification:

Physician

/Medical

Examiner

Director

Funeral

by

Completed

Be

Funeral

Director

7 is marked other than "natural", or flams 23s or 28s-f show traumatic event, the Mosical Examinar mast be notified at

the Maryland

Baltimore, Maryland 21215-0020

permit. Pages 1 and 2 should be filed within Department of Health end Mental Hygiene. Important: If hem 27 is marked other than any Injury or other traumate.

Physician /Medical

Examiner

Examiner

State Registrar

29b. Signature and title of certifier

29c. Licansa number D46300

Certifying Phyeician: To the best of my knowledge, death occurred et the time, date end pieca, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the best of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) end menner stated.

29d. Date signed (Month, Dey, Year)

and address of person who completed cause of deeth (item 23e) (Type, Print)

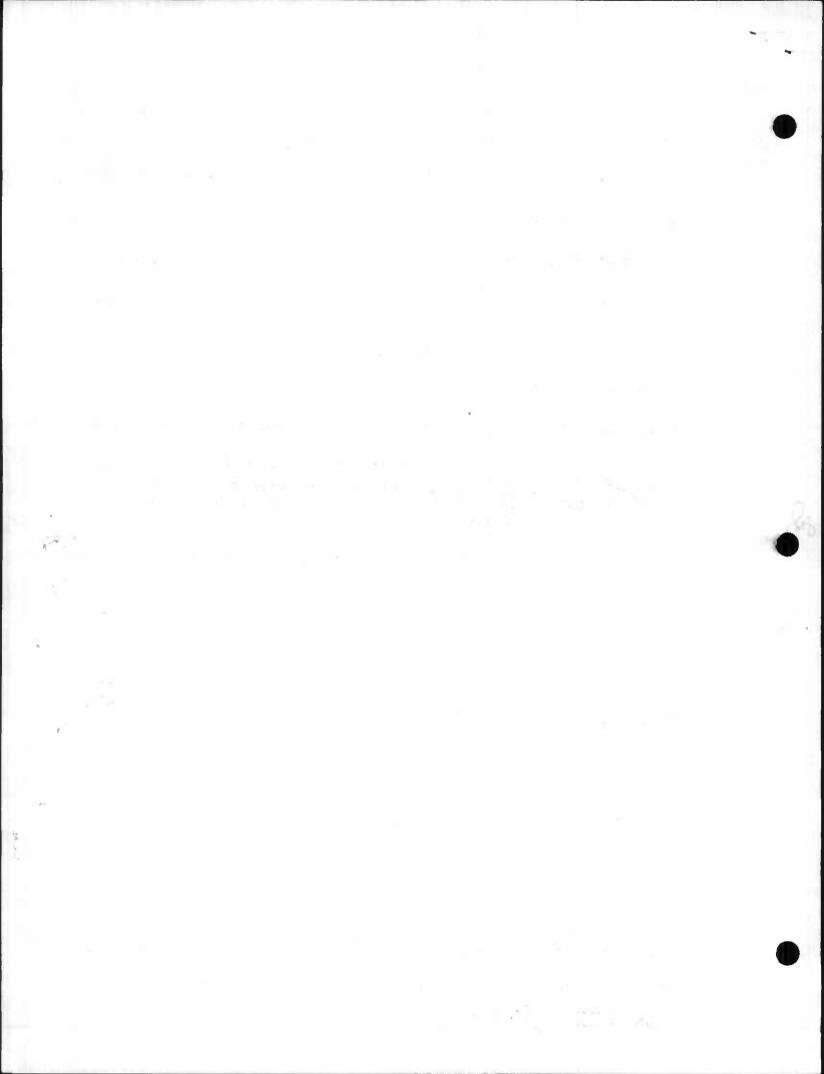
ROBERT MCCARTHY 600 N. WOLFE ST. BALTIMOREND 21205 M.O

31. Date filed (Month, Day, Year)

29a, Certifier

JUN 051997

32. Registrer's Signature which twidow Randoll



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 16929 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Helen Louise Maddox 12:20a.m. June 4, 1997 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Meridian Franklin Woods Nursing Center Rosedale Baltimore 7. Age (In yrs. last birthday) If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth Months Devs Hours Min, (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Deys 1 □ M 2 🕅 F 71 Yrs. 220-18-7581 Director May 11, 1926 Maryland Usuel Residence of Decedent death with the Maryland 10b. County 10c. City. Town or Location Show 10d. Inside City Limits r than "naturel", or items 23e or 28s-f show the Medical Experimenment be notified at 1 Yes 20 No Funeral Director Baltimore Baltimore 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 2013 Kelbourne Road, #202 21237 United States 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give 11. Marital Status Was Decedent of Hispenic OrlgIn? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Married 1 Yes 2X No Specify: Specify: White þ 3 ☐ Widowed 4 X Divorced Yeer or Dates: Be Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) Teller/Clerk Utility Company 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) . Pages 1 and 2 should be fill ment of Health and Mental Hant: If itam 27 is marked oth jury or other traumatic even William John Nies Helen Amelia Townsend 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Randolph D. Maddox/Son 8912 Mayflower Road, Baltimore, MD 21237 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 N Buriai 2 □ Cremation 3 □ Removel from State permit. Page Department of Important: If any Injury or once. Meadowridge Memorial Park 6-6-97 Elkridge, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility CAFA—Stephen D. Lohrmann, P.A. 21 Sign 8717 Green Pastures Drive, Baltimore, MD 21286 saman 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cerdiec or respiretory errest, shock, or heer feilure. List only one ceuse on each line. Approximete Intervel Between Onset end Deeth Physician /Medical immediete Ceuse (Finel Kenal disease or condition resulting in deeth) Examiner ligean Due to (or es e consequence of): Examiner Stage Renal Desease Due to (or es e consequence of): Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Sacral Decubitus Physician/Medical Due to (or es e consequence of): Commary Artery Disease use signed by the a Pert II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings evaileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed page 2 1 ☐ Yes 2 🗷 No cartificate 1 ☐ Yes 2 ☐ No or Attanding Physician: Be 25. Wes cese referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 1 ☐ Yes 2 ☑ No Sinis 28a. Dete of Injury (Month, Day Year) funeral 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred After 1 SNeturel 5 Pending after death. 1 ☐ Yes 2 ☐ No 2 Accident Investigation 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 24 hours a Hospital Medical 29a. Certifier 15 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner es steted. within 24 ho To the Fune completely f (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) Solar Karakan M.D. 47813 1997

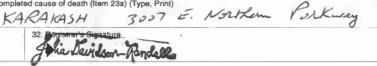
State

Registrar

31. Date filed (Month, Day, Year)

SASHAR

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)



21215-0020

Baltimore, Maryland

P.O.

of Vital Records.

Division

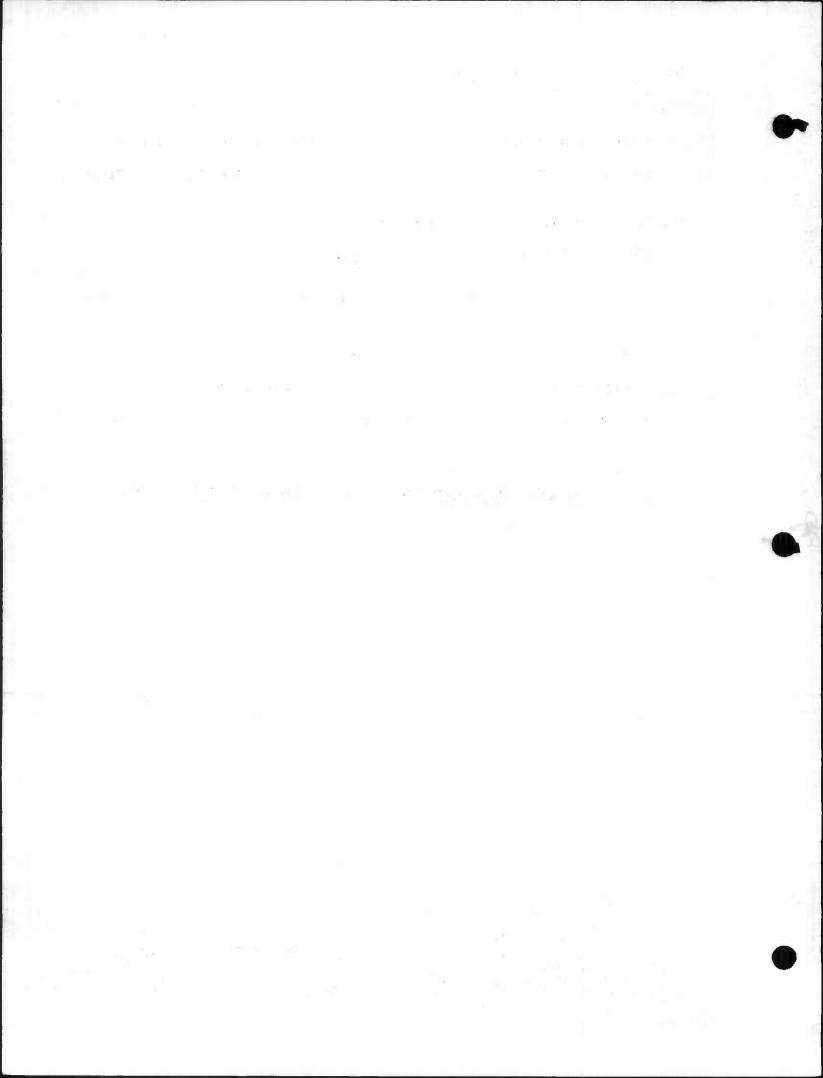
and the contract of the contra

State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: 24a, 25, 27 per DR. G-748 6-5-97 ech 1. Decedent's Name (First, Middla, Last) 2. Data of Death **Physician** DeWitt L. Miller ric /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death Examiner Homewood Nursing Center Williamsport Washington If Undar 1 Yaar if Under 24 Hrs.

Months Deys Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 6. Data of Birth (Month, Day, Year) Birthplaca (Steta or Foreign Country) **Funeral** 180 M 2□ F Virs Oct. 12, Director 220-34-0931 88 1908 Virginia Usuei Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits tem 27 is marked other than "natural", or items 23a or 28a-f sho other trsumetic svent, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Maryland Williamsport Washington 10e. Street end Number 10f. Zip Code 10a, Citizen of Whet Country? 16505 Virginia Avenue U.S.A. 21795 Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 14. Race - Amarican Indian, Black, White, etc. Was Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 11. Meritel Stetus 1 ☐ Yas 2 ☑ No If Yes, Give Yaer or Detas: 1 ☐ Nevar Married 2 X Married Specify: White 1 ☐ Yes 2 ☑ No þ 3 ☐ Widowed 4 ☐ Divorced Completed 18e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Businees/Industry filed within 7 Hygiene. Eiementary/Secondary (0-12) College (1-4or 5+) church 12 Pastor permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if flem Z7 is marked oths any injury or other traumatin 17. Father'e Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Bertha Cline John David Miller 10 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 21795 19e. Informant'e Name/Relationship (Type, Print) 16505 Virginia Avenue, Williamsport, Maryland Mary H. Miller/wife 20b. Piece of Disposition (Nema of cemetery, cremetory or other piece) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriel 2 ☐ Crametion 3 ☐ Removel from Stete 4 ⊠Donetion 5 □Other (Specify) 21. Signeture of Funeral Service Licenses 22. Name end Addrass of Fecility Vivector State Anatomy Board, 655 W. Baltimore Street Ropald S 24 Baltimore, Maryland 21201 2da Parti. Enter the disease, or complications that caused the daath. Do not enter the mode of dying, such es cardiac or respiretory errest, shick, or heert failure. List only one cause on each line. **Physician** Immediete Ceuse (Final disaesa or condition resulting in death) /Medical Examiner Due to (or as a consequence of). Examiner ician and burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in deeth) Lest Due to (or as e consequence of): physician sthe burial Box 68760. certificata be Physician/Medical Due to (or es a consequence of): USB Pert ff. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert P.O. 23b. Did tobacco uss contributs to the causs of death? 1 Yes 20 No 3 Probably 4 ☐ Unknown by 24b. Were autopsy findings evaileble prior to complation of cause of death? 24e. Wes en eutopsy performed? Completed 1 Yas 2 No 1 ☐ Yes 2 ☑ No 25. Was casa referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: Nursing Home 5 Residenca 6 Othar (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) funeral 27. Menner of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred Certification: Director: After 1 Netural 5 Pending Investigation 1 ☐ Yes 2 ☐ No after death. 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide ŏ To the Hospital owithin 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated.

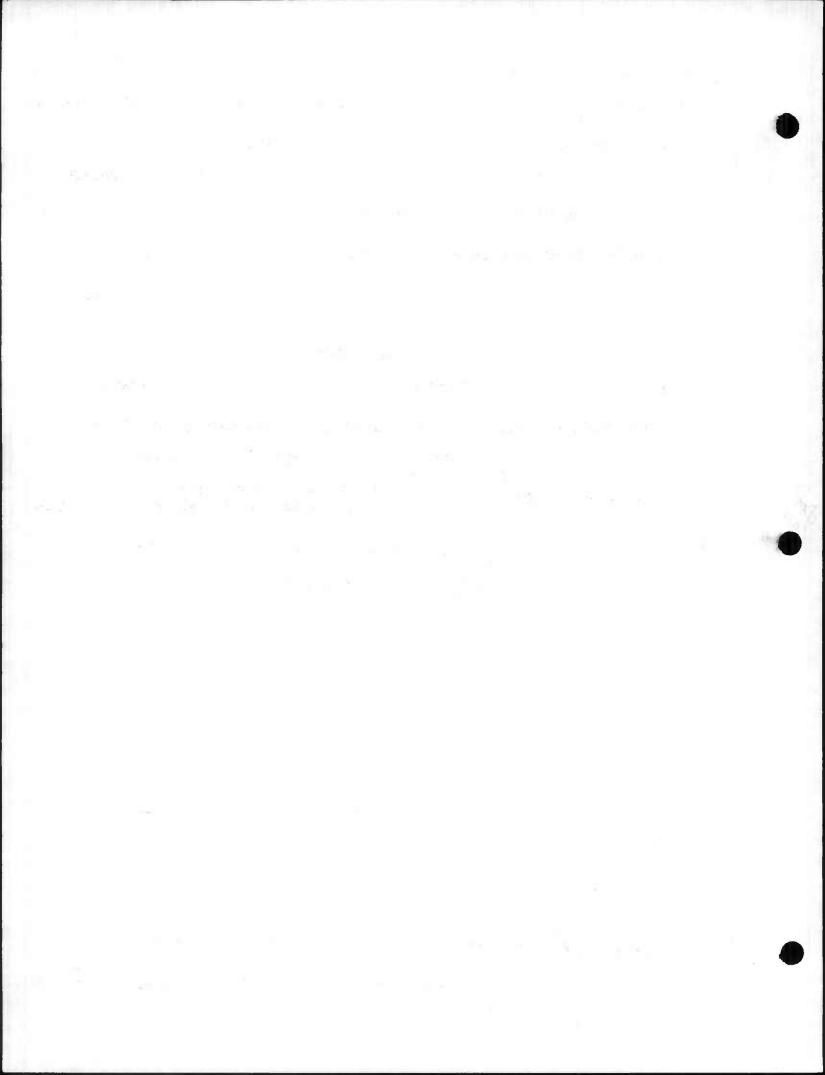
I Medical Examinar: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and piece, and dua to the cause(s) and manner stated. 29e. Certifier Medical (Check only mpieted cause of deeth (Item 23e) (Type, Print) JUN 0 5 1997 State

DHMH 16 Rav 6/95



| | _ | TEM: 26 PER DR. G-748 | | | Cen | tificate of | Death | | Reg. No. | 1 109 | |
|-----------------------------|--------|---|--|-----------------------|--|---|------------------|--|--|--|--|
| ician dical | ١ | Decedent's Name (First, Middla, L CHARLES | Last) | | | MEYE | RSON | 2. Dete of De Mooth MAY | _ | 3. Time of 11:2 | |
| niner | | a. Fecility Nema (If not institution, g | rive street and number |) | | | 4b. City, Town, | or Location of Deat | 4c. County | of Death | |
| al of | | 218-03-5764 | | ge (In yrs. 78 | last birthday) Yrs. | If Undar 1 Yaar Months Deys | If Under 24 h | ITMORE Irs. 8. Data of Bir (Month, De | | 9. Birthpleca (Stata Country) MARYLAND | |
| | - | Usual Residence of Decedent 10a. State 10b. County | | 10c. Cit | y, Town or Loc | ation | | | | 10d. Inside C | |
| į | 2 | MD BAI | LTIMORE | | BALI | IMORE | | | | 1 ☐ Yes | |
| Director | | 0e. Street and Number | | | | 10f. Zip Code | | | 10g. Citizen of W | Vhat Country? | |
| | | 1303 HICKORY S | 1 | | C 40 W | 21228 | | 1016-14 | USA | Annadan tadan | |
| by Funeral | 2 | Marital Status Navar Marrled 2 Married Married 2 Married Married 3 Married | 12. Was Deceden Armed Forces 1 □XYes 2 □ If Yes, Give Year or Dates: | ? No | lf . | Yes, specify Cub | oan, Mexicen, Pu | (Specify Yas or No larto Rican, atc.) | | e - Americen Indien, k, White, etc. WHITE | |
| Completed | Pictor | 15. Decedent's (Specify only highest g | rede completed) | E.) | 16a. Decede (Give k life. Decede | 16a. Decedent's Usuel Occupation (Give kind of work done during most of w life. DO NOT use retired) | | | 16b. Kind of Bu | isiness/industry | |
| Com | | Cienteritery/Secondary (0-12) | College (1-4or 5+ | 5+) | A | CCOUNTA | NT | | IRS | | |
| To Be | 3 | 7. Fether's Neme (First, Middle, Last | st) | MEYE | RSON | | 18. Mother's I | Neme (First, Middle | | e) IRWITZ | |
| | | 19a. Informent's Name/Relationship | (Type, Print) | | 19b. Mailing | Address (Stree | | Rural Route Numb | | State, Zip Code) | |
| | 1 | ROBERT MEYERS(20a. Mathod of Disposition | ON (SON) | 20b. P | lece of Dispos | UNNYDAL ition (Name of | | REISTERST | | 21136 City or Town, State | |
| | | 1 Suriel 2 □ Cremation 3 4 □ Donetion 5 □ Other (Spec | | 3 | emetery, cremi AI ISRA | etory or other ple EL | 6/1, | /97 | | IORE, MD | |
| | | 21. Signeture of Funeral Service Lice | /- | has | | Name end Addr | ess of Fecility | BROS., | | | |
| Medical Examiner | | disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to Immediate couse. Enter Underlying Cause (Disease or injury hat initiated events resulting in deeth) Lest | e | Due to (o | r as a consequence as a | ence of): | ut O | is our | , | | |
| lan | | | d | | | | | | | | |
| by Physician/Me | | art II. Other algnificent conditions | contributing to death | but not res | ulting in the und | derlying ceuse gi | iven in Pert I. | | | atribute to the cause 3 ☐ Probably 4 ☐ | |
| Completed b | | | | | | | | | an autopsy rmed? | 24b. Were autopsy aveileble prior completion of of deeth? | |
| Con | | | | | | | | 10 | Yes 2 10 | 1 ☐ Yes 2 ☐ | |
| Be | 1 | 25. Was cese referred to medical examiner? | Hospital: | | | - Ot | her _ | Deeth (Check only | | / | |
| his cen al direc To B | | 1 Yes 2 16 7. Manner Deeth 1 Divaturel 5 Pending 2 Accident Investigeti | 28e. Dete of Inj (Month, De | urv | 28b. Tima of Injury | 28c. Inju | 4 □ Nursin | | Homa 5 Rasidence o Serier (Specify) 28d. Describe how injury occurred | | |
| | | 3 Sulcide 6 Could not determine | jury - At ho tc. (Specify | ome, ferm, strac | et, factory, office | | | 28f. Location (Street and Number or Rural Route Number City or Town, State) | | | |
| Certification: To | | | | | | | | ee, end due to the ceuse(s) end manner es stated. curred at the time, date and place, and due to the cause(s) | | | |
| Certification: T | | (Check only 2 Medical Exa | miner: On the basis of | of exemine | tion end/or Inve | stigation, in my | opinion, death o | ccorred at the time, | date and place, a | and due to the cause(| |
| | | (Check only 2 Medical Exa | miner: On the basis of | of exeminer tated. | | estigation, In my | | | | | |
| edicai Certification: T | 4 | (Check only 2 Medical Exa | eminer: On the basis of end menner's | of exeminer tated. | | estigation, In my | | | | | |

DHMH 16 Rev 6/95

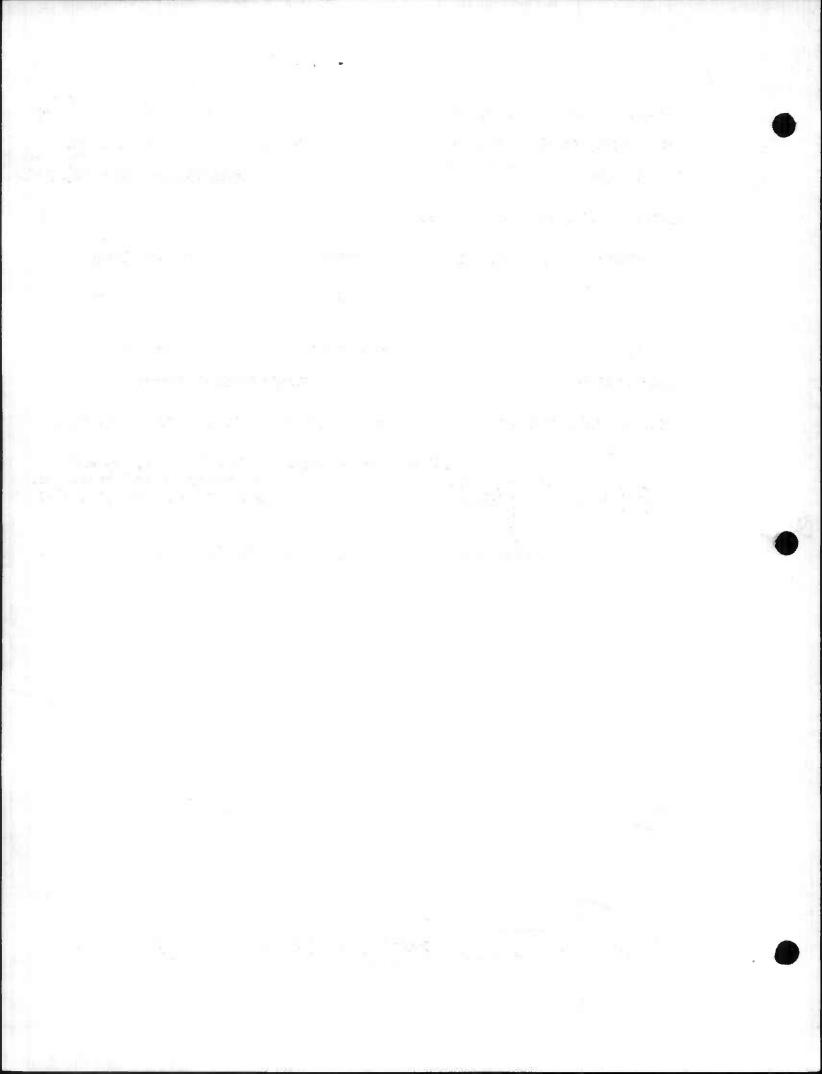


State of Maryland / Department of Health and Mental Hygiene 97 16932

| | | | | Certificate | e of l | Death | | Reg. No. | / | 0932 |
|----------------------------------|---|--|----------------------------------|---|--------------------|---------------------------------------|---|------------------------------------|---------------------------------|--|
| sician | 1. Decedant's Name (First, Midd | lle, Last) | | | | 4-1.7 | 2. Date of De | eth Day | Year | 3. Time an Death |
| edical | Mila Wils | | | | | | June | -1,199 | 77 | 11 Am |
| miner | 4a. Facility Neme (If not institution | on, giva straat and number |) | | 4 | b. City, Town, o | r Location of Deat | h 4c. County | of Deeth | |
| | 710 Camberly C | | A-1 | | | Towson | n | Balt | imore | Co. |
| ral or | 5. Social Security Number 216-07-1394 | 6. Sax 7. A 1 M 2 F | ga (In yrs. last i 87 | Yrs. If Undar Months | 1 Year Days | If Under 24 Hi Hours Mi | n. (Month, Da | | | os (State or Foraign ont, W.Va. |
| | Usual Residence of Decedent 10e. State 10b. Count | , | 10c. City To | wn or Location | | | | | 100 | I. Inside City Limits |
| Be Completed by Funeral Director | | imore Co. | | son | | | | | 100 | 1 ☐ Yas 2X No |
| Director | 10e. Street and Number | more w. | 100 | 10f. Zip | Code | | | 10g. Citizen of | What Country | |
| ā | | | | | | | | | | |
| Funeral | 710 Camberly Ci | 12. Wes Decedant | Y-I Evar In U.S. | | 1204 | spenic Origin? | Specify Yes or No | United 14. Bac | STATES be - Amarican | |
| by Fur | 1 ☐ Naver Married 2 ☑ Ma | Armed Forces ried 1 Yes 2 1 | ? | If Yes, spec | | | (Specify Yes or No orto Rican, atc.) | | ck, White, ato v: White | 0. |
| P | 15. Decede | nt's Education | 16 | a. Decedent's Usua | al Occupe | etion | | 16b. Kind of B | usiness/indu | stry |
| ple | | st grade completed) College (1-4or | 5+) | (Give kind of wor life. DO NOT us | _ | | rorking | | | |
| Completed | Elementary/Secondery (0-12) | | | Home I | Make | r | | Own I | iome | |
| Be | 17. Father's Neme (First, Middle Unknown Wilson | Last) | | | | | ema (First, Middle a (Mattie) | | | |
| 2 | | | | | | - | | | | |
| | 19e. Informant's Name/Reletion | | | b. Mailing Addrese | | | | | | |
| | Marion Maxfield 20a. Method of Disposition | (Husband) | | 710 Cambe | | | | | | |
| | 1 Burial 2 Cremetion | 3 Ramoval from Stete | cemei | of Disposition (Namero), crematory or or | ther plac | Θ) | Dete | 20c. Location | City or Town | n, Stete |
| | 4 Donetion 5 Other (S | | Hill | op Servi | ce C | orp. | 6/04/97 | Towson, | Maryla | and |
| once. | 21. Signature of Funeral Service | Jeffrey | L. Ga | 22. Name en | d Addres | | uck Tows | | | |
| <u> </u> | Thy | t. gai | n | | | | 050 York | | vson,M | d. 21204 |
| | 23a. Part . Enter tha disease, o shock, or heart feiture. Lis | r complications that ceuse only one cause on each l | d the death. Do | not entar tha mode | a of dyln | g, such es cardi | ac or respiretory e | rrest, | A | pproximete iterval Between |
| in | The second second second | 1 | 4 | -0 | , | . / | | | | nset and Death |
| al er | Immediate Cause (Finel diseese or condition | thetern | sorlera | Tre Pari | dia | Vasel | (lar l) is | ease | | |
| | resulting in deeth) | -1 | Due to (or as | consequence of): | | | | | 1 | |
| Examiner | | a b | | | | | | | | |
| хаш | Sequentially list conditions, | | Due to (or es | consequence of): | | | | | | |
| | Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or Injury | C | | | | | | | | |
| edical | that initieted events resulting in death) Last | | Due to (or as e | consequenca of); | | | | | | |
| 2 | | L d | | | | | | | | |
| Physician/ | | | | | | | | | | |
| sic | Part II. Other algnificant conditi | ons contributing to death t | out not rasulting | in the underlying ca | ause give | en in Pert I. | 23b. Did | tobacco use co | ntribute to th | e cause of death? |
| | | | | | | | 10 | Yes 2□ No | 3 Probat | oly 4 Unknown |
| by | | | | | | | | | F | |
| ete | | | | | | | 24a. Was | en eutopsy med? | avella | eutopsy findings able prior to detion of ceuse |
| Completed | | | | | | | | _ | of de | eth? |
| S | | | | | | | 10 | Yes 2010 | 101 | res 2□ No |
| Be | 25. Wes case referred to medica exeminer? | | | | | | eeth (Check only | ne | | |
| 10 | 1⊟1es 2□ No | | | Outpatient 3 DO | | 4 Li Nursing | Home 5-Resi | | | |
| ion: | 27. Manner of Death 1 ☐ Natural 5 ☐ Pendi | | ay Year) 28b | | 8c. Injury Work | | 28d. Describe | how Injury occur | red | |
| Certification: | 2 Accident Invest | not be | | M | | res 2 □ No | 004 1 | | | |
| E | 4 Homicide determ | rined 200. Piece of in | jury - At home, lc. (Specify) | farm, street, factory | , office | | 28f. Location (City or To | Street and Numb vn, State) | er or Rural F | loute Number, |
| | 20- 0-45- | | | | | | | | | |
| edicai | (Check only 2 2 Medical | ng Physician: To the best Examiner: On the basis of | f exemination e | ge, deeth occurred e ind/or investigation, | et the tim | e, date end pled pinlon, deeth occ | ce, and due to the curred at the time, | ceuse(s) end me dete and place. | enner es stete and due to th | ed. e ceuse(s) |
| Med | 29b. Signature and the of constitu | and menner st | ated. | _ | | | | | | |
| | | m) | 2 | 7 /20 | License | 0.75- | | 29d. Date signe | _ | |
| | remedent | Whores | ellh | (1) | -0 | 1303 | | 1 Um | e 9 | / |
| | 30. Name end eddress of person | who completed ceuse of | death (Item 23e | (Type, Print) | - 0 | 202 | | / Un | -7 | / |

State Registrar 31. Date filed (Month, Day, Year)
JUN 0 5 1997





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: 9 per FH G-748 6-5-97 eoh 1_Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Miedzianowsk Month uresa 5:00 AM JUNE 1997 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth CHURCH BALTIMORE NURSING CENTER If Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year Birthplace (State or Foreign Country) Poland MARYLAND Months Days 1 M 3/5/F 78 215-05-9022 12/5/1918 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A Baltimore XX Yes 2 No Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 611 S. Bethel Street 21231 USA 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian Black, White, etc. Yes 200 No Specify: White 1 ☐ Yes 2 X No Specify: Year or Dates: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Homemaker Domestic 18. Mother's Name (First, Middle, Malden Surneme) Tda Giza

Funeral 1 Never Married 2 Married þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) 5 17. Fether's Name (First, Middle, Last) Be Stanley Antkowiak P 19a. Informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Edward J. Miedzianowski/Spouse 611 S. Bethel St. Baltimore, Maryland 21231 20b. Place of Disposition (Name of 20a, Method of Disposition permit. Peges 'Department of H Important: If its any injury or ot once, cometery, crematory or other placal 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Sacred Heart of Jesus

20c. Location - City or Town, State 6/7/97 Baltimore, Md.

22. Name and Address of Fecility David J. Weber Funeral Home 21. Signature of Funeral Service, w 401 S. Chester St. Balto. Md. 21231

23a. Part1. Enter the disease, o shock, or heart tailure. Lie complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest only one cause on each line.

Interval Between Onset end Deeth

Immediate Cause (Final disease or condition resulting in death)

Physician

/Medical

Examiner

10a. State

Funeral

Director

"natural", or items 23a or 28a-f show

Peges 1 and 2 should be filed within 72 hours after death we nent of Health and Mental Hygiene.
ant: If Item 27 is marked other than "natural", or items 23s ury or other traumatic event, Ita Medical Examine man

Physician

/Medical

bunel-trar

for use as the

the ettending physiclan

signed by

peen s

this certificate has

/s after dea...

Physician:

6 hours page 2 should be

Examiner

Physician/Medical

þ

Completed

Be

2

Certification:

Medical

Examiner

The law requires that the deeth certificate be executed

Box 68760.

P.O.

of Vital Records,

Division Attending

Maryland 21215-0020

Baltimore,

Director

the Maryland

with

Cerebrovaccular Accident Due to (or as a consequenca of)

1 monte

Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

Due to (or as a consequence ot):

Due to (or as e consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an eutopsy performed?

24b. Were eutopsy tindings evallable prior to completion of cause of death?

1 Yes 2 No 1 ☐ Yes 2 ☐ No

25. Was case reterred to medical 1 Yes 2 No

26. Plage of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

27. Menger of Death 5 Pending investigation 1 Natural 2 Accident

6 Could not be determined

28a. Date of Injury (Month, Day Year) 28b. Time of

28e. Placa of Injury - At home, tarm, street, tactory, offica building, etc. (Specify)

28c. Injury at Work? 28d. Describe how Injury occurred 1 Yes 2 No

28t. Location (Street and Number or Rural Route Number, City or Town, State)

29e. Certifier (Check only

3 ☐ Suicide

4 I Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier) · augularopare no 29c. License number 016619

29d. Date signed (Month, Dey, Year)

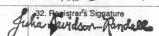
30. Name and address of person who completed cause of death (Item 23e) (Type, Print) . VERGARX - SOARES

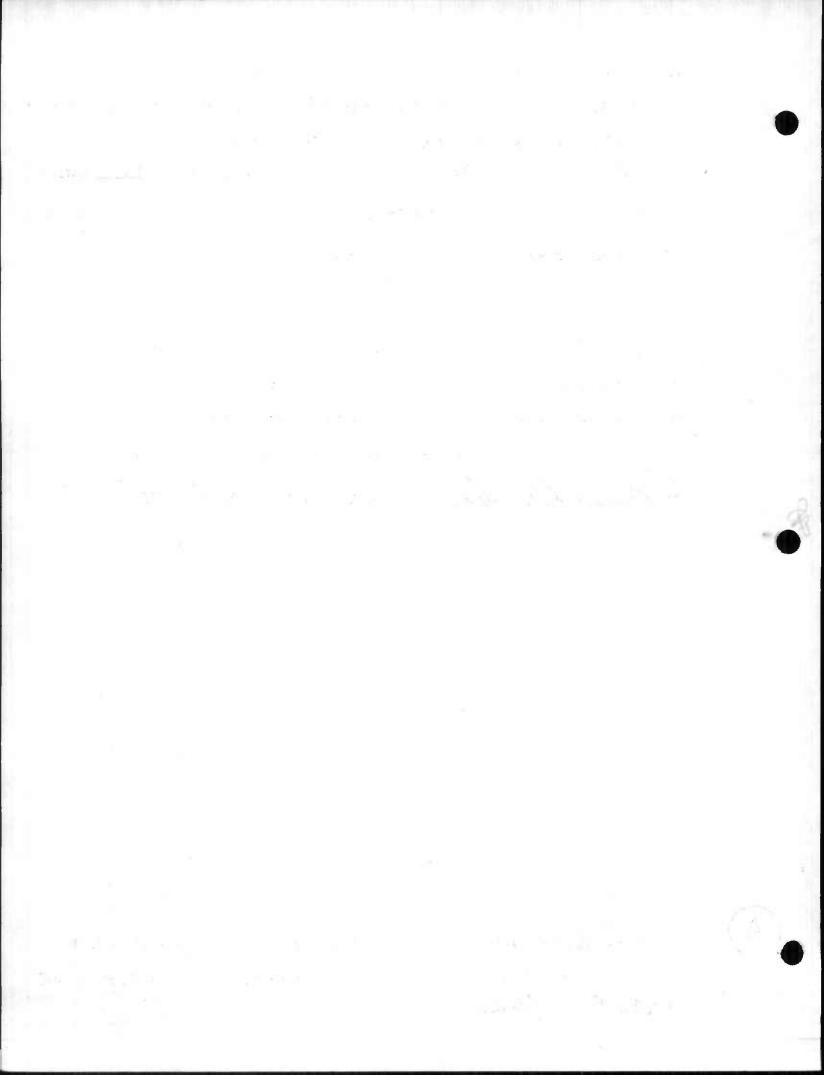
100 N. BRODDWAY

ST. BALTIMORE, MO.

State Registrar

31. Dete tiled (Month, 1997ar)





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM#24a PER PHYNS FLM#G748 6/5/97 J.A. 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth Month 1905 May Donald H. Moeller 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Jeeth 4c. County of Deeth Washington County Hospital Hagerstown Washington | If Under 1 Yeer | if Under 24 Hrs. | 8. Date of Birth (Months, Dey, Year) | June 21, 1926 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 1⊠M 2□ F 188-20-5375 Yrs. 70 Pennsylvania Usuei Residence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yes 🛠 ➡ No unknown Ouincy 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 17247 U.S.A. P.O. Box 128 12. Wes Decedent Ever in U,S. Armed Forces? unknown 1 □ Yes 2 □ No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American indien, Bleck, White, etc. 1 □ Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Manager Electronics 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Unknown Helen Hawke 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19406 P.O. Box 60799, King of Prussia, Pennsylvania Linda M. Bullard/daughter 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriei 2 ☐ Cremation 3 ☐ Removel from State 4 ☑Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Director State Anatomy Board, 655 W. Baltimore Street wer Baltimore, Maryland 21201 23a. Part1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, nock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediete Cause (Finet disease or condition resulting in deeth) 2 12 chery CONGESTIVE HERANT FAILLING 2 MO4TH REMU FAILLING Due to (or es e consequence of): 2 MONTH WEGENERS GRANILUBATOSIS Due to (or es e consequence of) Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 Unknown 24b. Were autopsy findings avellable prior to completion of cause of death? 24a. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner ettending physician end for use es the bunel-trensit

Moeller

Examiner

Physician/Medical

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Completed

Certification:

Medical

funeral

deeth.

or Attendente efter deet!

To the Hospital o within 24 hours of To the Funeral Di

Department of Health an Important if item 27 is many injury or other any injury or other.

Physician

/Medical

Examiner

Director

Funeral

þ

10a State

Funeral

Director

7 is marked other than "natural", or items 23s or 25s-f treumstic event, the Medical Examiner must be notifie

Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest

25. Wes case referred to medical exeminer? 1 Yes 2E No

26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 □ ER/Outpatient 3 □ DOA

27. Menger of Deeth 1 Naturai 2 Accident 3 ☐ Suicide

4 Homicide

28e. Dete of Injury (Month, Dey Yeer) 5 Pending investigation 6 Could not be determined 28e. Plece of injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

29a. Certifier (Check only one)

🕊 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end manner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated.

29b. Signeture end title of certifier

31. Dete filed (Month, Day, Year)

Ave

29d. Dete signed (Month, Day, Year)

30. Neme end eddress of person who completed ceuse of death (Item 23e) (Type, Print)

5.22 07

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

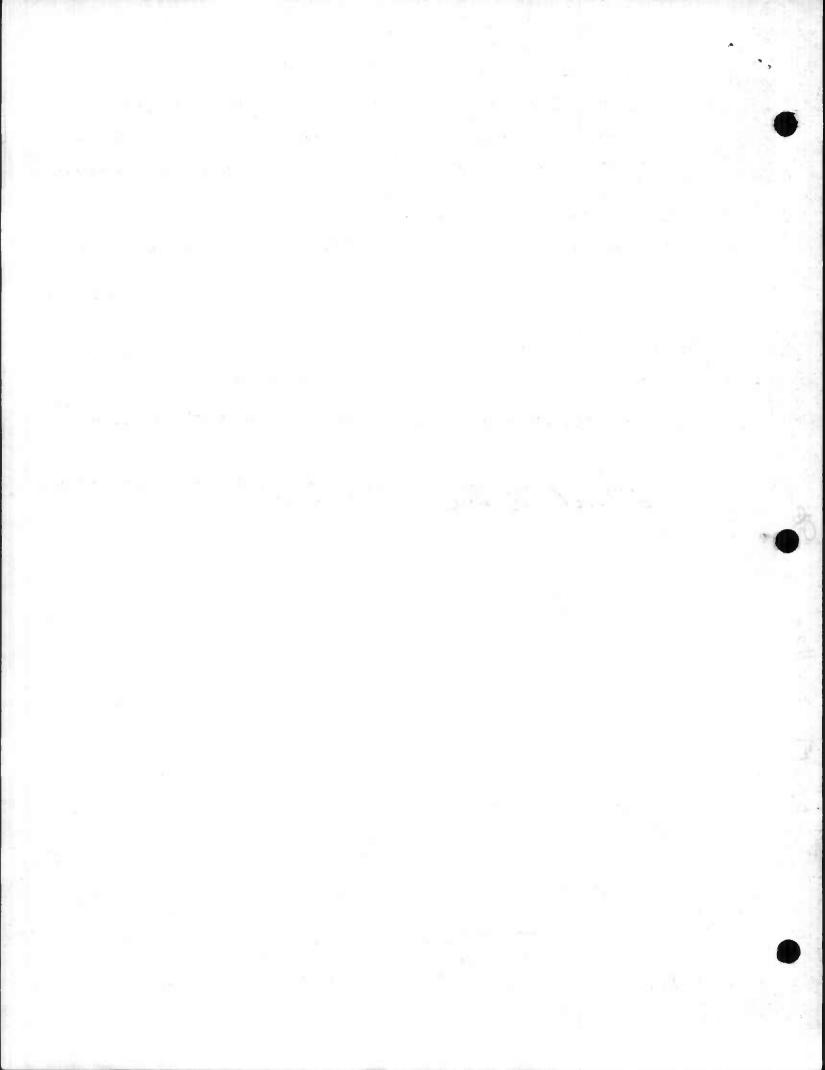
Roza 12931 0

JUN 0 5 1997

32. Registrer's Signeture

Julia Davidson

Registrar



| State of Ma | ryland / Departme | ent of Health and | d Mental Hygiene |
|-------------|-------------------|-------------------|------------------|
|-------------|-------------------|-------------------|------------------|

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** JUNE 4, Barbara Ann O'Brien 1997 9:00 AM /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, giva street and numbar) 4c. County of Death **Examiner** 4518 Ashley Court Ellicott City Howard if Undar 1 Year If Undar 24 Hrs. 8. Data of Birth
Hours Min. (Month, Dey, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) **Funeral** 1□ M 2X F Days 69 Yrs. 025-20-4652 Director July 29, 1927 Texas Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Insida City Limits 25a-f show notified at MD Howard Ellicott City 1 ☐ Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? b event, the Medical Examiner must be 4518 Ashley Court "natural", or items 23a 21043 Funeral USA 12. Was Decedant Evar in U,S. Armad Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 72 hours after 1 Yas 2 No If Yes, Give Yaar or Datas: 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ₩ No Specify Specify: White þ 3 Widowed 4 Divorcad Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry parmit. Pages 1 and 2 should be filed within 72. Department of Health and Mental Hygiens. Important: If them 27 is marked other than any injury or other. Elamantary/Secondery (0-12) Collaga (1-4or 5+) Customer Service Office Supplies 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Frank Moore Sherba Lewis 19e. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rurel Routa Number, City or Town, Stata, Zip Coda) Elizabeth A. McLaughlin/daughter 6016 Moorehead Rd. Baltimore, MD 21228

20a. Mathod of Disposition

20b. Place of Disposition (Nama of cemetary, cramatory or other place)

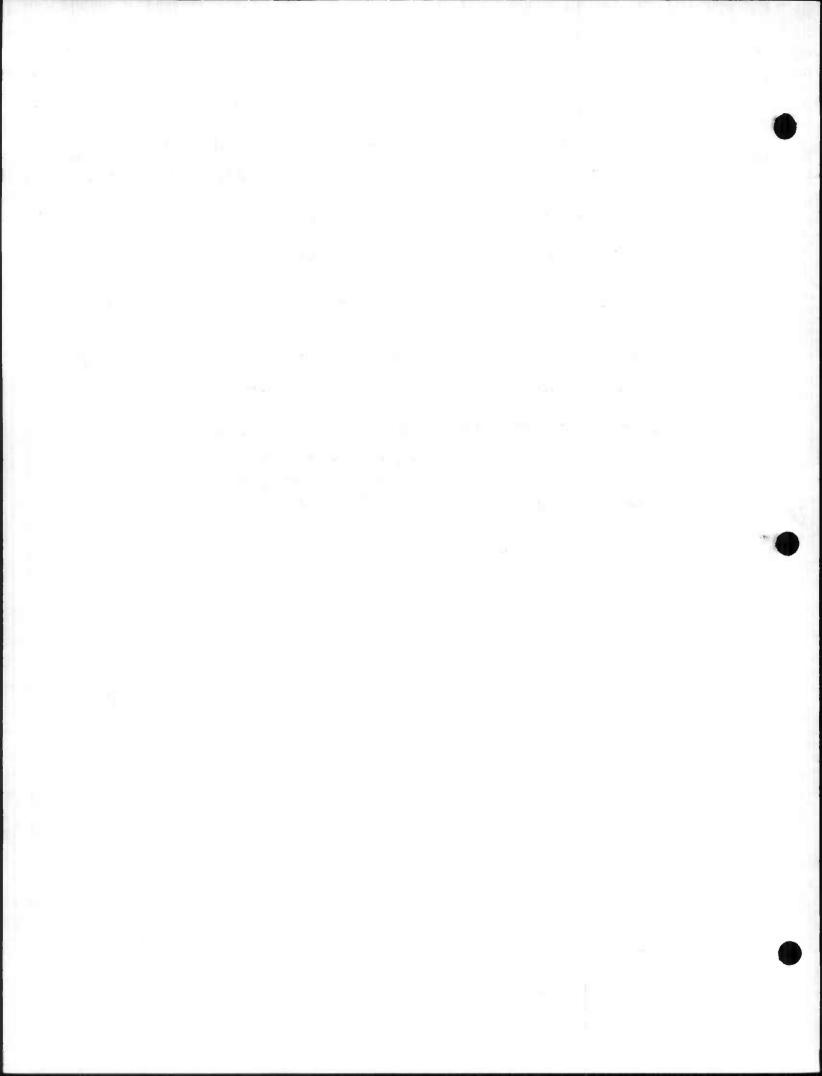
20c. Location - City or Town, State 20a. Mathod of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 Donation 5 Othar (Spacify) Metro Crematory, Inc. 6/5/97 Baltimore, MD 21. Signatura of Funaral Sarylce Licens Cremation Society of Maryland, Inc. Dawn F. McDonald

23a. Parl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one ceuse on each line. 299 Frederick Rd. Baltimore, MD 21228 Approximata Intarval Batwaan Onset end Deeth **Physician** /Medical Immediate Ceusa (Final disaese or condition rasulting in death) Small Cell Lung Conser **Examiner** Due to (or as a consequence of): Examiner The law requires that the death certificate be asscuted buriel-tren Sequentially list conditions, if any, leading to Immadiate cause. Entar Undarlying Causa (Disaase or injury thet initiated avants rasulting in death) Last pue Dua to (or es e consequance of) Box 68760. physician Physician/Medical the Dua to (or as a consequence of) USB as P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tohecco use contribute to the cause of death? 3 Probably 4 ☐ Unknown signed by the detect 1 ☐ Yes 2 ☐ No Division of Vital Records, þ 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performad? Completed page 2 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Was casa rafarred to medical axeminar? Be 26. Plece of Death (Check only ona) Other: 4 Nursing Homa 1 Yas 2 No Medical Certification; To 1 Inpatiant 2 ER/Outpatiant 3 DOA 5 Rasidance 6 Other (Specify) 28a. Data of Injury (Month, Dey Year) 27. Mannar of Death 28d. Dascribe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Pending Invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicida 28f. Location (Streat and Number or Rural Routa Numbar, City or Town, Stata) 28a. Placa of Injury - Af homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicida Certifying Phyaician: To the best of my knowledge, death occurred et tha time, data and place, and due to the cause(s) and manner as stated.

Madical Examinar: On the basis of examination and/or invastigation, in my opinion, daeth occurred et the time, dete and place, and due to the cause(s) and manner stated. 29a. Cartifiar 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signad (Month, Day, Year) D40854 30. Name end eddress of person who Complated cause of death (Item 23a) (Type, Print) ST. PAUL PL. #407T BALTO, MD. 21202 RISEBERG, MD. 301 JUN 0 5 1997 State Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM:19b per FH G-748 eoh 6-5-97 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Courth **Physician** ESTER RAPOPORT MAY 31, 1997 1:00 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE 7. Age (In yrs. lest birthdey) If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Dey, Year) FEB. 27, 1 Birthplace (State or Foreign Country) **Funeral** Deys 220-54-7312 1 ☐ M 2 🔀 🦅 90 Yrs. Director 1907 POLAND Usuei Residence of Decedent with the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow the Medical Examiner must be notified at MD Yes 2 No Director N/A BALTIMORE 10e. Street and Number 10f Zip Code 10g. Citizen of What Country? 6 5906 PARK HEIGHTS AVE, APT. 511 items 23a 21215 USA Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 220 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 72 hours efter 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 200 No Specify: WHITE Specify. by 3 □ Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry and Mentel Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) 5 OWNER RESTAURANT 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Peges 1 end 2 should be ISAAC JACOB ROSENTHAL MIRIAM ROSENTHAL 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) SLOUGH BERKS SL30QB 19a. Informant's Name/Reletionship (Type, Print) permit. Peges 1 end 2 Department of Heelth e Important: If Itam 27 le any Injury or other tra once. MRS. MIRIAM KEY (DAUGHTER) 6 LAUREL CLOSE COLNBROOK SLOOD, ENGLAND 20e. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Xurial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) BETH JACOB 6-4-1997 FINKSBURG, MD 21. Signature of Funeral Service Licensee 22. Name and Address of Facility SOL LEVINSON & BROS, INC 23a. P rt. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

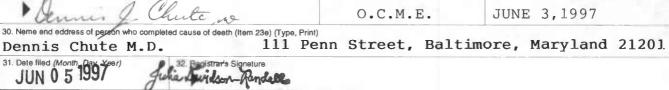
Approximate shock, or heart failure. List only one cause on each line. Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final 3 days PNEUMONIA disease or condition resulting in death) Examiner Due to (or as a consequence of): Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last Due to (or as a consequence of): P.O. Box 68760 Due to (or as a consequence of) Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 5 1 Yes 2 No 3 Probably 4 Unknown been signed I should be det Records, à 24b. Were autopsy findings available prior to Completed 24e. Was an autopsy performed? completion of ceuse of death? pege 2 1 □ Yes 2 No certificate Division of Vital or Attending Physician: director. 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpetient 3 DOA this funeral 28a. Dete of injury (Month, Dey Year) 27. Manner of Death 28h Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Natural 2 Accident 5 Pending investigation death. 1 Tyes 2 No after death Director: 3 Suicide 6 Could not be 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 3 4 Homleide To the Hospital or within 24 hours aft To the Funeral Discompletely filled in 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end menner es stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier Medical 29b. Signature and light of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Neme and address of person who completed ceuse of death (item 23e) (Type, Print) Pl. BACTIMORE, MO BRETTON 31. Date filed (Month, Day, Yeer) uha Dandson-Randelle

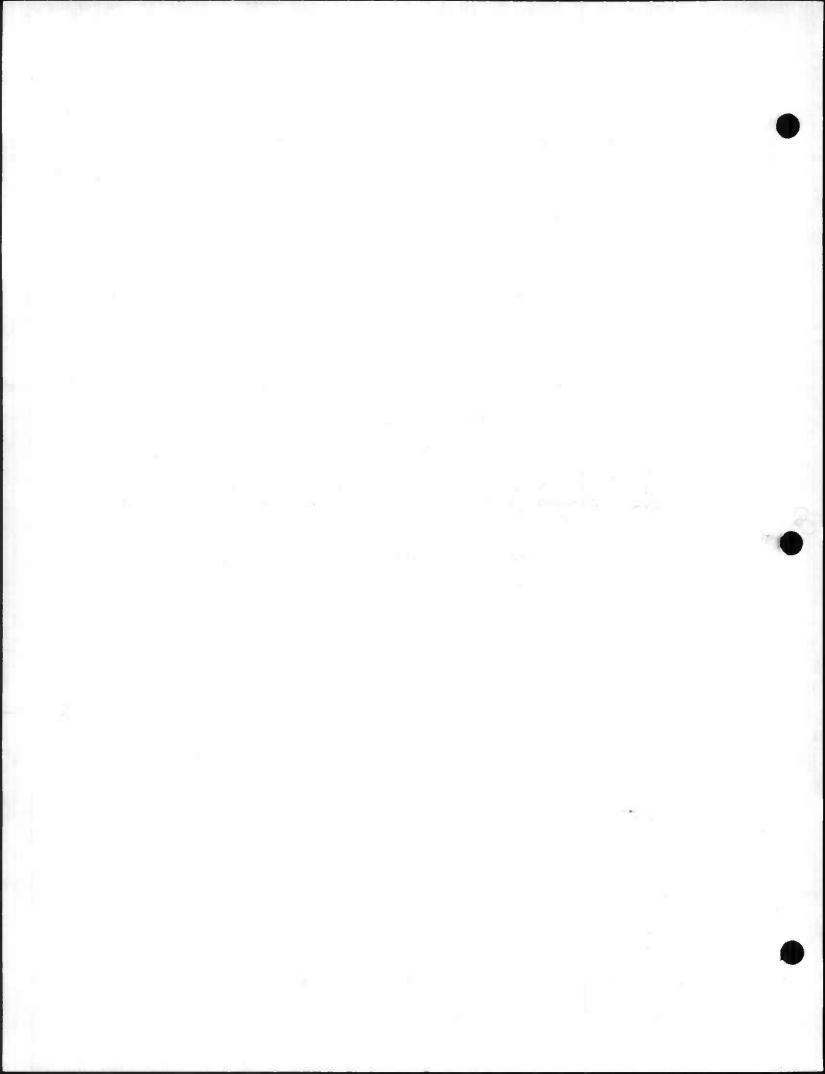
State Registrar

| , 3010 000 | Please Type or Print in Black Indelible Ink. Assure All Copies Are Leg | ibl |
|------------|--|-----|
| ALEXANDER | State of Maryland / Department of Health and Mental Hygiene | 0 |

| | ALEXAI | IDI | ER | State of | Maryla | | artment rtificate | | Health and M | Mental Hy | | 97 | 16937 | |
|--|---|------------------------------------|--|---|---|---|--------------------------------|---------------------|---|------------------------------------|-----------------------------------|----------------------------------|---|--|
| | MONAT | - 4 | 1. Decedent's Neme (First, Middle, I | ast) | | | | - | | 2. Dete of D | Reg. No. | | 3. Time of Deeth | |
| | Physic /Medi | | ALEXANDER | RONA | Y | | | | | Month Dey Yeer JUNE 2 1997 1:151 | | | :15P.M. | |
| | Exami | | 4e. Fecility Neme (If not institution, g | ive street and num | ber) | | | | 4b. City, Town, or L | | | | . 101 | |
| 1 | | | 507 FRANKLIN A | VE | | | | ESSEX | | | BALTIMORE | | | |
| | Funeral Director | | 5. Sociel Security Number 6. 215 16 2372 | Sex 7 | '. Age (In yr | nge (In yrs. lest birthday) 75 Yrs. | | Year Deys | If Under 24 Hrs. Hours Min. | 8. Date of B (Month, D Sept. | ay, Year) | v, Year) Country) | | |
| _ | p , | 1 | Usuel Residence of Decedent | | | | | | | | | | | |
| | anylar show | Ļ | 10a. State 10b. County | | 10c. 0 | 10c. City, Town or Location | | | | | 10d. | Inside City Limits | | |
| | Sarf Sarf | 5 | Maryland Baltimo | re | Es | sex | | | | | | | 1 Yes 2 No | |
| | or 2 | F | 10e. Street end Number | | | | 10f. Zip C | | | | 10g. Citizen of | Whet Country | ? | |
| | 23a | Ta . | 507 Franklin Ave | nue | е | | | 21 | 221 | | | USA | | |
| | items items | Funeral Director | 11. Maritel Status 1 Never Married 2 Married | Armed Ford | 12. Wes Decedent Ever In U.S. Armed Forces? 13. Was If Yes | | | nt of I y Cub | Hispenic Origin? (Sp an, Mexican, Puerto | pecify Yes or No Rican, etc.) | 0- 14. Re Bla | ce - American ick, White, etc | | |
| 020 | 72 hours after death with the Maryland natural, or items 23a or 28s-f show dies! Examiner must be notified at | by | 3 ☐ Widowed 4 ☐ Divorced | 1 Ves 2 If Yes, Give Yeer or Dat | es: WW2 | | 1□ Yes 2 | No. | Specify: | Specify: W | | | | |
| 15-0 | 72 ho | eted | 15. Decedent's (Specify only highest g | Education rede completed) | | 16e. Deced | dent's Usuel | Occuj done | petion during most of work | king | 16b. Kind of E | Business/Indus | stry | |
| 21215-0020 | within ene. than | Completed | Elementery/Secondary (0-12) | College (1- | 4or 5+) | (Give kind of work done du life. DO NOT use retired) Mechanic | | | od) | | Cac Com | | | |
| P | be filed ital Hygid d other event, | | 17. Fether's Neme (First, Middle, Las | st) | | Mech | | | | | Gas Con | | | |
| Maryla nd 2 should ith end Men 27 is marke | o Be | ~1 7 | | | | | | France | | Novak | | | | |
| | 70 | 19e. Informent's Name/Relationship | • | | 19h Mailir | na Address / | Stran | t end Number or Rui | - | | State 7to Co | ada) | | |
| | | Louis J. Kotroco | (broth | ner) | | | | Avenue E | | | | ,00) | | |
| altimore, | Solution | | 20e. Method of Disposition 1 Removel from State 20b. Plece of Disposition (Name of competery, crematory or other place) Maryland Veterans Cemetery 6/4/97 Garrison Forest, Mc | | | | | | | | | | | |
| Ĕ | Baltimor permit. Pages Department of Important: If ite any injury or of | | There's a Solid (openly) | | | | | | | | | | | |
| B | Physician /Medical Examiner | | 23a. Part Enter the disease, or cannot be compared to the co | | iosc | 14 ath. Do not ent | 07 Older the mode | of dyl | ess of Fecility I Funeral astern Av ng, such es cardiac OVASCUL | e Ave. or respiretory | Essex, | Ar | nd 21221 oproximete tervel Between nset end Death | |
| 8760, | ate be executed hysician and the buriat-transit | I Examiner | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury | b | b. — Due to (or es e consequence of): | | | | | | | | | |
| 9 | death certificate be ex e attending physician of for use es the burial | /Medical | thet initiated events resulting in deeth) Lest | d | Due to (or es e consequence of): | | | | | | | | | |
| Box | atten for u | clar | | | | | | | | | | | | |
| , P.O. | that the d | by Physician/Me | Pert II. Other significant conditions | contributing to dea | th but not re | esulting In the ur | nderlying cau | ise gh | ven in Pert I. | | tobacco use co Yas 2□No | ontribute to th 3 ☐ Probeb | e cause of death | |
| Records, | law requires as been sign 2 should be | Completed b | | | | | | | | 24e. Wes | s en eutopsy omed? PECTION | evelle | eutopsy findings ble prior to letion of cause oth? | |
| ď | r: The lav icate has r, page 2 | E | | | | | | | | 10 | Yes 2⊠No | 10Y | es 2 No | |
| Vital | | Be C | 25. Wes case referred to medical | | | | | | 26. Piece of Deat | | | | | |
| > | 2 00 | TOE | exeminer? 1⊠ Yes 2□ No | Hospital: | patient 2 | ☐ ER/Outpetien | t 3 DOA | Ott | nor: | | ldenca 6 □Otl | ner (Specify) | | |
| on of | 문 등 교 | | 27. Menner of Deeth 1 ☑ Netural 5 ☐ Pending 2 ☐ Accident investigati | 28e. Dete of (Month) | | 28b. Time of Injury | | . Inju | | | how Injury occu | | | |
| Division | al or Attending after death. Il Director: Afte ad in by the fune | Certification: | 3 Suicide 6 Could not determine | be 28e. Place o | f Injury - At , etc. (Spec | home, farm, stre | | | | | (Street end Num. wn, Stete) | ber or Rural Re | oute Number, | |
| D | of the Hoppins of At Infress from after of the Funeral Direct Ompletely filled in by | edical 0 | 29e. Certifier (Check only one) 1 ☐ Certifying P | hysician: To the b iminer: On the bes end manne | is of exemir | nowledge, deeth netion end/or inv | occurred et restigetion, in | the tin | me, date end place, opinion, deeth occur | end due to the red et the time | ceuse(s) end m dete end plece, | enner es stete and due to the | ed. e cause(s) | |
| D | To the | M | 29b. Signature end title of cartifier | | | | 29c. l | Licens | se number | | 29d. Date signe | ed (Month, De) | y, Yeer) | |

JUN 0 5 1997 State Registrar





State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

16938

| | | | 00 | lilicate | OI L | Julii | | Reg. No |). | | | |
|---|-------------------------------|--|---|--|---|--|---|--|---|--|---|--|
| Middle, L Rol | | | | | | | 2. Dete of D Month June | | Dey Yeer 1 1997 | | 3. Time of Deeth 12:25 AM | |
| | ive street end n Place | um ber) | | | | b. City, Town, or L Columbia | ocation of Dea | 100 | County Howa: | | | |
| | Sex 1□M 2XF | 7. Age (In yrs. | lest birthday) 2 Yrs. | If Under 1 Y Months D | eer ays | if Under 24 Hrs. Hours Min. | 8. Dete of Bi (Month, D | | | 9. Birthp | elace (Stete or Foreign htry) Korea | |
| ounty | | 10a Ci | ty, Town or Lo | antine. | | | | | | | | |
| vard | | | columbi | | | | 10 | | | | 0d. Inside City Limits 1 ☐ Yes 2 No | |
| | | | | 10f. Zip Co | | | | 10g. Ci | | Vhet Cour | ntry? | |
| enny | Place | | | 210 | | | US | | | | | |
| Married orced | Armed F 1 Tes If Yes, G | 2 X No live | | Was Decedent If Yes, specify 1 □ Yes 2 🏋 | | spenic Origin? (Sp n, Mexican, Puerto Specify: | pecify Yes or No- o Rican, etc.) 14. Raca - American In Bleck, White, etc. Specify: Korea | | | etc. | | |
| | Year or I | Detes: | 16e Dece | dent's Usuel O | ccunâ | tion | | 16h K | | | | |
| nighest gr | rede completed | (1-4or 5+) | (Give | kind of work d DO NOT use n | lone di etired) | uring most of work | ling | 100.1 | 6b. Kind of Business/Industry | | | |
| | | (1-401 3+) | Barbe | er | Cosme | | | | meto. | logy | | |
| ddle, Las Kin | , | | | | | 18. Mother's Nem Kap – I | | e, Meider | Sumem | e) | | |
| | (Type, Print) Husband |) | | | | nd Number or Rur Place, | | | | Stete, Zip 21045 | | |
| ition 3 [| Removel from | State | Placa of Disposition (Name of cemetery, cremetery or other placa) July Lantico Nat. Cem. 4 | | | | ne Date 20c. Location - City or Town, Stell Quantico, VA | | | | | |
| 21 Signature of annual Service Libersee 22. Name end Address of Facility Witzke Funeral Homes, Inc. 5555 Twin Knolls Rd. Columbia, MD 21045 | | | | | | | | | | | | |
| a or con | nnilcetions that | caused the deal | h Do not ent | 555 Tw | in | Knolls R | d. Coli | umbia | a, M | D 21 | Approximate | |
| Listoniy | | | | | | , such as cardiac | | | | | Onset end Deeth | |
| | e | 7 Pue to (0 | or es a consec | uence of): | | | | _ | | | 4 marths | |
| | b. Br | east (| Cancer | met | 95 | to tic 1 | re 6001 | +1 | 306 | | 3462 | |
| Immediate Ceuse (Finel disease or condition resulting in death) Due to (or es a consequence of): Breast Cency: me has take to bone thing: Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): | | | | | | | | | | | | |
| Couse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of): d | | | | | | | | | | | | |
| ditions | d | leath but not res | ulting in the u | nderlying caus | n in Pert I | 23b. Did tobacco use contribute to the cause of death? | | | | | | |
| | | 1, 01 | | | | | 1 Yee 2 No 3 Probably 4 Unit | | | | | |
| | | | | | | | | | | 0.41- 141- | 0.2 | |
| (| Kyronf | ia - Con | chroic | Syn | 94 | on t | 24a. Was | ormed? | psy | eve | ere eutopsy findings eliable prior to impletion of cause deeth? | |
| nen. | 6 rp 10 | + hro | roods | topeni | 9. | | 1 🗆 | Yes 2 | No No | 1 🗆 | Yes 2 No | |
| dicai | | | | | | 26. Piece of Deat | h (Check only | one) | | | | |
| | Hospital: 1 | Inpatient 2 | ER/Outpetlen | | Other | 4 Nuising no | me 5 Res | Idence | 6 □Othe | r (Specify | 1) | |
| ending vestigatio | on | of Injury oth, Day Year) | 28b. Time of Injury | 28c. | Injury Work | et ? es 2 \(\text{No} \) | 28d. Describe | how inju | ry occurr | ed | | |
| ould not be etermined | 289. Plec | a of Injury - At he ling, etc. (Specif | ome, farm, str | eet, fectory, of | fice | | 28f. Location (City or To | | | er or Rura | l Route Number, | |
| tifying Pf lical Exar | miner: On the b | best of my kno basis of examine oner stated. | wledge, deeth tion and/or Inv | occurred et th | ne time my opi | n, date end place, nion, death occurr | and due to the red at the time, | cause(s) |) end mai d place, e | nner as st and due to | ated. the cause(s) | |
| rtifier | 0 | | | 29c. Llo | cense | number | | 29d. Da | te signed | (Month, I | Dey, Yeer) | |
| nu | mt. | | | 0 | 30 | 5573 | | 6- | 2 - | 97 | | |
| | 7 | se of death (Item | 23e) (Type, | Print) | D. | 1 | 0 | | | | Mo and | |
| | | | | 1416 | 17 | TOXENT | 1 ar IL Wa | 17/6 | 0 104 | 1014 | 2104 | |
|) | | Yeer) 32. | Yeer) 32 Begistrats Signe | Yeer) 9 32 Begintran's Signeture | rison who completed cause of death (Item 23e) (Type, Print) 1 1 2 2 32 Begistrat's Signeture | rison who completed cause of death (Item 23e) (Type, Print) 1 1 2 2 3 1 3 1 3 1 3 1 3 1 3 1 3 1 3 1 | Year) 132 Begiotrac's Signature | rison who completed cause of death (Item 23e) (Type, Print) 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | rison who completed cause of death (Item 23e) (Type, Print) A in Find, MD 10605 Little Patrical Participant, (Veer) 32 Begintar's Signeture | rison who completed cause of death (Item 23e) (Type, Print) Air Frd, Mb 10605 Little Patrical Particulary, Colore (Yeer) 32, Begister's Signeture | rison who completed cause of death (Item 23e) (Type, Print) A in Find, MD 10605 Little Patrix ent Partitiony, Columbia Year) 32 Beginted's Signeture | |

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death ITEM: 29d per DR. G-748 6-5-97 eoh 1. Decedent's Name (First, Middle, Lest) 2. Date of Death Month Year STANLEY RITTERPUSCH 1997 May 29, 12:10 PM 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Stella Maris Hospice at Mercy Baltimore Hours Min. 8. Date of Birth (Month, Pay, Year) 926 5. Social Security Number 6. Sex 7. Aga (In yrs. lest birthday) 9. Birthplace (Steta or Foreign 1 ☑ M 2 □ F Months Days 216-20-7170 70 Maryland Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Maryland 1 ☐ Yes 2 ☐ No Baltimore 10e. Straet and Number 10f. Zip Code 10g. Citizen of What Country? 7747 Eastdale Road 21224 United States 12. Was Decedent Ever in U,S. Armed Forcas? 11. Marital Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Raca - American Indien, Biack, Whita, atc. 1 Never Marriad 2 Married 1 ☑ Yes 2 ☐ No If Yes, Give Specify: White 1 ☐ Yes 2 No Specify. 3 ☐ Widowed 4 ☐ Divorced Year or Dates: WWII 15. Decedent's Education (Specify only highest grede completed) 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) College (1-4or 5+) 9 years Warehouseman Manufacturing 17. Father's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumema) Albert James Ritterpusch Mary Theresa Boehm 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Clifford L. Ritterpusch (Son) 207 Big Pine La. Punta Gorda, Fl. 33955 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other placa) 20c. Location - City or Town, Stata 1 Deurial 2 Cremation 3 Removal from State Oak Lawn Cemetery 6/2/97 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Servica Licensaa 22. Nama and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. L Glas phrese 7922 Wise Avenue Dundalk, Maryland 21222 23a. Parl 1. Entar the disease, or complications that causad the death. Do not anter the moda of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Immediate Cause (Final a Small 13 months Cuncer disaase or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequenca of): Due to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 24b. Were autopsy findings availabla prior to completion of cause of death? 24a. Was an autopsy parformed? 2 No 1 ☐ Yes 2 ☐ No 28. Plece of Death (Check only one) TELLA MARIS AT MERCY 25. Was case referred to medical examiner? Hospital: 1□ Yes 2□ No Other: 4 \square Nursing Home 5 \square Residence 6 \nwarrow Other (Specify HOSP ICE 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

Division of Vital Records, P.O. Box 687

Physician

Examiner

Physiclan/Medical þ Be Completed 10 Medical Certification:

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be

2

Funeral

Director

permit. Pages 1 and 2 should be filled within 72 hours after death with the Maryland Department of Heelih and Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23e or 10e. ones injury or other traumatic avent, the management of the property injury or other traumatic avent, the management of the property injury or other traumatic avent, the property of

27. Manner of Death

1 Natural 2 Accident

3 ☐ Suicide

29a, Certifier (Check only one)

4 Homicide

Hospital or Attending Physician: The law requires that the death certificate a Schours after death.
 Funeral Director: After this certificate has been signed by the ettending physicial birector: After this certificate has been signed by the ettending physicially filled in by the funeral director, page 2 should be detached for use as the

To the Hospi within 24 hou To the Funer completely fill

State Registrar N

29b. Signature and title of certifier

31. Date filed (Month, Day 1997)

5 Pending

investigation

6 Could not be determined

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of Injury

12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number D40854

301 St

29d. Date signed (Month, Dey, Yeer)

Balt, MD 21202

5/29/97

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

28d. Describe how Injury occurred

Paul Pl

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

28a. Date of Injury (Month, Dey Yeer)

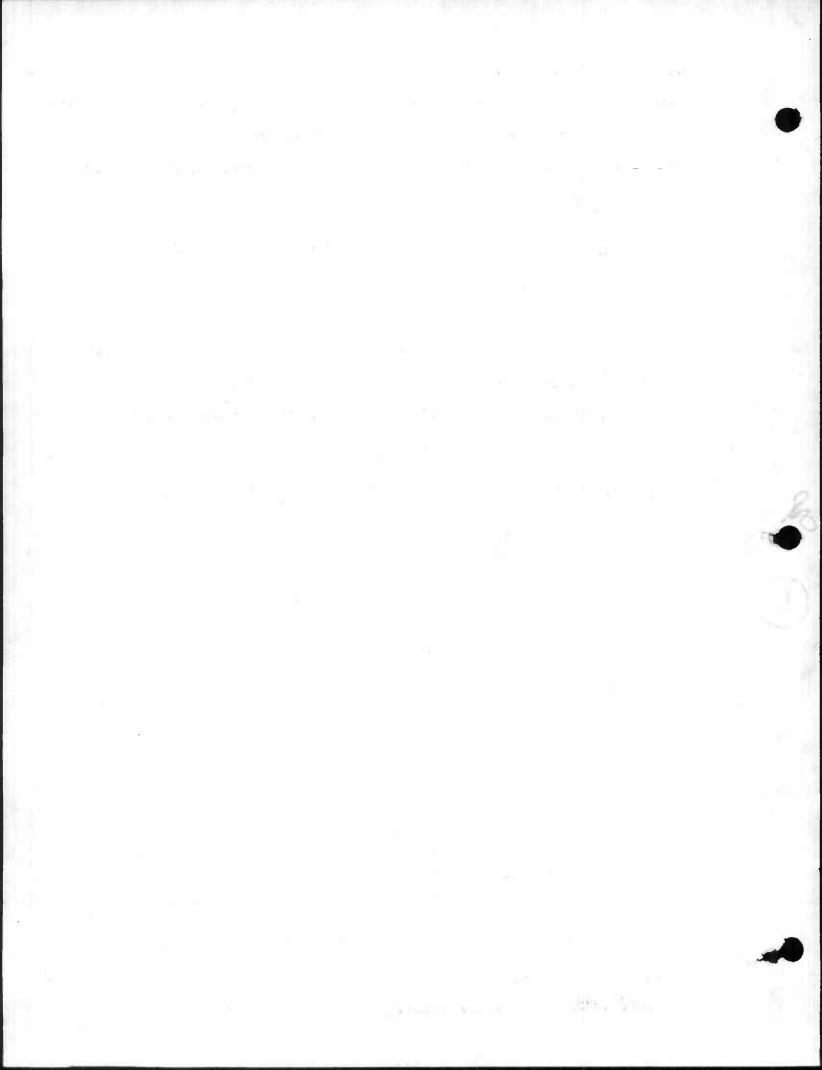
Risebers (MD Durid

4075

28c. Injury at Work?

1 Tyes 2 No

Registrar's Signature Devidson



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dearn are be executed withing in the death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

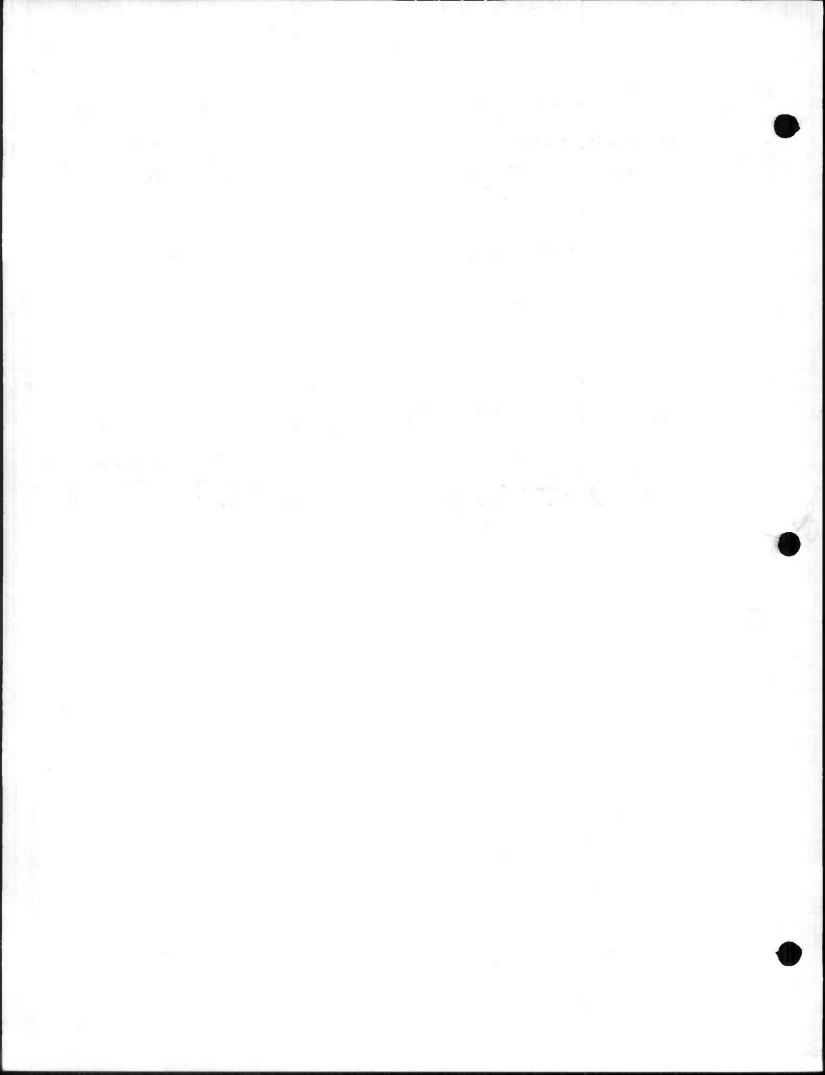
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be neitfled at once.

| | 1 - FOR STATE REGISTRAR | STATE OF MARYLA | ND / DEPART | MENT OF HEAL | TH AND MEI | NTAL HYGIEN | E | 10340 | | | |
|--------------------|--|---|---------------------------|---|--------------------|--|--|---|--|--|--|
| | 1. DECEDENT'S NAME (First, Middle, Last) | | | | 2. | DATE OF DEATH | | 3. TIME OF DEATH | | | |
| | MARLENE | | SM | ITH | N | MAY 31, | 1997 YEAR | 6;10 p m | | | |
| 1 | 010 -0 0000 | SEX 6. AGE (III | - | IF UNDER 1 YEAR IF U | NDER 24 HRS. 7. | DATE OF BIRTH | 8. BIRT | RYLAND | | | |
| OR | 9a. FACILITY NAME (If not institution, give street 2907 ULMAN | | | BAL | CATION OF DEATH | | n/a | | | | |
| 5 | RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY | | | | | | | | | | |
| DIRECTOR | MD | n/a | 100. 011, | TOWN OR LOCATION BAL | TIMORE | | 10d. INSIDE CITY LIMITS? 1X XYES 2 NO | | | | |
| | 10a. STREET AND NUMBER | Π/α | | 10f, ZIP (| - | 10g. CITIZEN OF | WHAT COUNTRY? | | | | |
| FUNERAL | 2907 ULMAN | AVENUE | | | 2121 | . 5 | UNITED | STATES | | | |
| BY FUR | 11. MARITAL STATUS 1 ☑ ★ ver Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced | . WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE | U.S. ARMED 2 NO TES X | | Cuban, Mexican, Pu | PRIGIN? (Specify Yes verto Rican, atc.) | Bla | CE — American Indian, ck, White, atc. city: BLACK | | | |
| ED | 15. DECEDENT'S EDUCATI (Specify only highest grade con | | 16a. DECEDENT'S U | SUAL OCCUPATION | . 41. | 16b. KIND OF BUS | SINESS/INDUSTRY | | | | |
| COMPLETED | | years | We. Do NOT use | tk done during most of w retired.) WORKEF | | OFFICE | E of Ch | IILD SUPPOR | | | |
| BE CO | 17. FATHER'S NAME (First, Middle, Last) THOMAS T. | SMITH | | 16. I | ERNE | First, Middle, Malden STINE | ANDERS | ON | | | |
| TO B | CHRISANTHIA | SMITH | 19b. MAILING A 2 9 0 7 | ULMAN | A V E NUE | , BALT | MORE, M | ID 21215 | | | |
| | 20a. METHOD OF DISPOSITION Description Method | | PLACE AND DATE OF | DISPOSITION (Name of | | | CATION — City or 1 | | | | |
| | Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS | | ING ME | MORIAL I | | | KANDALL | STOWN, MD | | | |
| | A Dimin | 1) homos | M | 111200 12 | | | | | | | |
| | 23. PART I. Enter the disesses, or com | plicetions that caused | the deeth. Do no | enter the mode of | MARCH | FH43 | 300 WA | BASH AVE | | | |
| | shock, or haart fallura. List IMMEDIATE CAUSE (Final disease or eghdition | CNS | ch lina. Lumm | 18m2 | , | | , , | Interval Batwean Onset and Death | | | |
| | resulting in dasth) a. OUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | |
| NO | Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | |
| CERTIFICATION | cause. Enter UNDERLYING | | | | | | | | | | |
| TE | CAUSE (Disease or Injury that Initiated evente DUE TO (OR AS A CONSEQUENCE OF): | | | | | | | | | | |
| H | resulting in deeth) LAST | | | | | | | | | | |
| AL | PART II. Other significent conditions conditions | ontributing to death bu | t not resulting in | the underlying ceu | se given in Part | I. 24a. WAS AN | | b. WERE AUTOPSY FINDINGS | | | |
| 200 | | | | | | 1 TYES 2 | Dio | COMPLETION OF CAUSE OF DEATH? | | | |
| ME | DID TODA CCO HAT CO | | | | | ام | ' | 1 - YES 2 - NO | | | |
| AN | DID TOBACCO USE CC 25. WAS CASE REFERRED TO MEDICAL | MIKIBULE 10 | CAUSE OF | | F DEATH (Check o | 22 | | | | | |
| SIC | | OSPITAL: Inpatient 2 ER/Outpe | | OTHER: Nursing Home 5 | Assidence 6 | | | | | | |
| Y PHYSICIAN: MEDIC | 27. MANNER OF DEATH 1 Natural 5 Pending Investigation | 26a. DATE OF INJURY (Month, Day, Year) | 26b. TIME INJUI | OF 26c, INJURY A | T 260 | I, DESCRIBE HOW II | NJURY OCCURED | | | | |
| red BY | 2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined | 26a. PLACE OF INJURY - building, etc. (Specifi | — At home, farm, atr | set, factory, office | 261 | LOCATION (Street a City or Town, State) | and Number or Rural | Route Number, | | | |
| COMPLETED | | To the best of my knowle | | | | | | | | | |
| | 29th MIGHATURE AND TITLE OF CERTIFIER | In the basis of exemination | and/or investigation, | | | | | | | | |
| TO BE | 30. NAME AND ADDRESS OF PERSON WHO CO | Mela | M | (| 4241 |) | ▶ Co | 12/97 | | | |
| | SIMPLITZE 31. DATE FILED (Month, Day, Year) | RC | 1315 | N CAL | VERT | - BAL | TIMOR | 21202 | | | |
| | JUN 0 5 1997 | 1822 REGISTRAR'S SIGNA | fandelle | | | | | | | | |
| | | | | | | | | DHMH-16 Rev 1/89 | | | |

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Constance Elizabeth Spence 1997 May 31, 5:00 a.m. /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 4808 Lorelly Avenue Apt. D Baltimore N/A 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number Birthplace (State or Foreign Country) 6. Sex **Funeral** Months Deys Hours 1 □ M 250/F 216-28-8075 62 Yrs. Director July 20, 1934 Usual Residence of Decedent the Maryland permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health and Mentel Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show with Injury or other traumatic event, the Mod call Examinest must be notified at once. 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits MD. N/A Director Baltimore ty⊠Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 4808 Lorelly Avenue APT. D. 21206 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bieck, White, etc. 1 Yes 2 XNo
If Yes, Give
Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: Specify.Black þ 3 Widowed 4 Killivorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) 7th Grade Health Care Provider Self Employed 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be John Wilson Sparrow Mamie Stokely 19a. Informent's Name/Relationship (Type, Print) grandaughter Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Monique White 1677 Essextown Circle Baltimore MD. 21221
ce of Disposition (Neme of Date 20c. Location - City or Town, Stete 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 12 Burial 2 Cremetion 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) June 5 | Baltimore, MD. Baltimore Cemetery 22. Name and Address of Facility Nutter Funeral Homes, Inc. 21. Signature of Funeral Service Licenses Em 2501 Gwynns Falls PKWY Baltimore, MD. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feitura. List only one cause on each line. Approximete Intervel Batw Physician Immediate Cause (Final disease or condition rasulting In daath) /Medicai HNOUNYSM ADRIC **Examiner** Due to (or es e consaquance of) Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or es e consequence of) Box 68760 physi the Due to (or es e consequence of): use P.O. Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Vunknown Records. by 24b. Wera autopsy findings eveileble prior to complation of cause of death? 24e. Wes en eutopsy performed? Completed hes 1 Yes 2 No certificate) 1 Yes 2 No Division of Vital 25. Wes casa rafarred to medical examiner? Be 26. Placa of Death (Check only one) Hospitat: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yas 2 No Other: 4 Nursing Home 5 Nesidence 6 Other (Specify) To this funeral 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of Certification: i or Attending P effer death. Director: Affer : Aftar ! 1 Naturat 5 Panding 1 ☐ Yes 2 ☐ No investigation 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, State) 6 Could not be 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) à 4 Homicide To the Hospital o within 24 hours of To the Funeral Di 29a. Certifier 1 🖰 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the causa(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, daeth occurred at the time, date and place, and due to the cause(s) and mennar stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Yeer) D44670 her 3 Jucon w) 30. Nama end eddrass of person who complated causa of deeth (Item 23e) (Type, Print) MD 21287 SISSON, STEPHEN 601 N. CHNOWNE BAZTO 51, 31. Date filed (Month, Dev. Yes 32. Registrer's Signeture State Achie Keridson-Pandall Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 16942 ITEM: 5 per FH G-748 6-5-97 eoh Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Manya Sha 4e. Fecility Neme (If not institution, give street end number) B: 15AN Ma 4b. City, Town, or Location of Deeth 4c. County of Deeth BALTIMORE 6. Sex 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) OCT. 10,1910 1 M 2 F Months Devs Hours 86 Yrs. RUSSIA 10b. County 10c. City. Town or Location N/A BALTIMORE

SINAI HOSPITAL 5, Sociel Security Number 214-94-108 9. Birthplece (State or Foreign **Funeral** Director UNKNOWN Usuel Residence of Decedent with the Marylend 10e Stete 7 is marked other than "natural", or itema 23s or 28a-f show traumatic event, the Medical Examinar must be notified at 10d. Inside City Limits MARYLAND Director 1X Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 5900 PARK HEIGHTS AVE., APT. 201 21215 RUSSIA death v Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Rece - American Indien Bleck, White, etc. hours eftar 1 ☐ Yes 2 ☐ Xio If Yes, Give Yeer or Detes: 9 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: à 3 Widowed 4 Divorced WHITE Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Haalth end Mantal Hygiena. Important: If Item 27 is marked other than any Injury or other traumatic event, the Man Elementary/Secondery (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be MOSHE VINOKUR FAGA UNKNOWN 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) MRS. IRENE GREBEN (DAUGHTER) 2416 HUNT DRIVE BALTIMORE, MD 21209 20e. Method of Disposition 20b. Placa of Disposition (Neme of cemetery, cremetory or other placa) Dete 20c. Location - City or Town, Stete ry, cremetory or other pieca)
BALTIMORE HEBREW Burlel 2 Cremetion 3 Removel from State 6-2-1997 REISTERSTOWN, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 23e. Pert1. Enter the disease, or compilections that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medicai Immediete Ceuse (Finel cerebrovascular accident diseese or condition resulting in deeth) weeks Examiner Due to (or es e consequence of): Examiner Coronary artery disease Due to (or es e consequence of): Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Lest peripheral rescular diseaso Physician/Medical Due to (or es e consequenca of) Box 0 P.O. Pert It. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? signed by t 1 1 Nes 2 No 3 Probably 4 Unknown by Records. 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy peen page 2 has The 2/1 No 1 Yes 2 No certificate 1 Yes Division of Vital Physician: 25. Was case referred to medical Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 22 No 1 thpatient 2 ER/Outpetient 3 DOA this To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After th complataly filled in by the funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Certification: 1 Divaturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 ☐ Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 T Homicide edical 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier 29b. Signeture end title of cartifier 29c, License number 29d. Dete signed (Month, Day, Year) Wau 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

DR. TARUN MULLICK SINAI HOSPITAL OF BALTIMORE BALTO., MD 21215

32. Registrer's Signeture

whice Davidson-Randelle

DHMH 16 Rev 6/95

State

Registrar

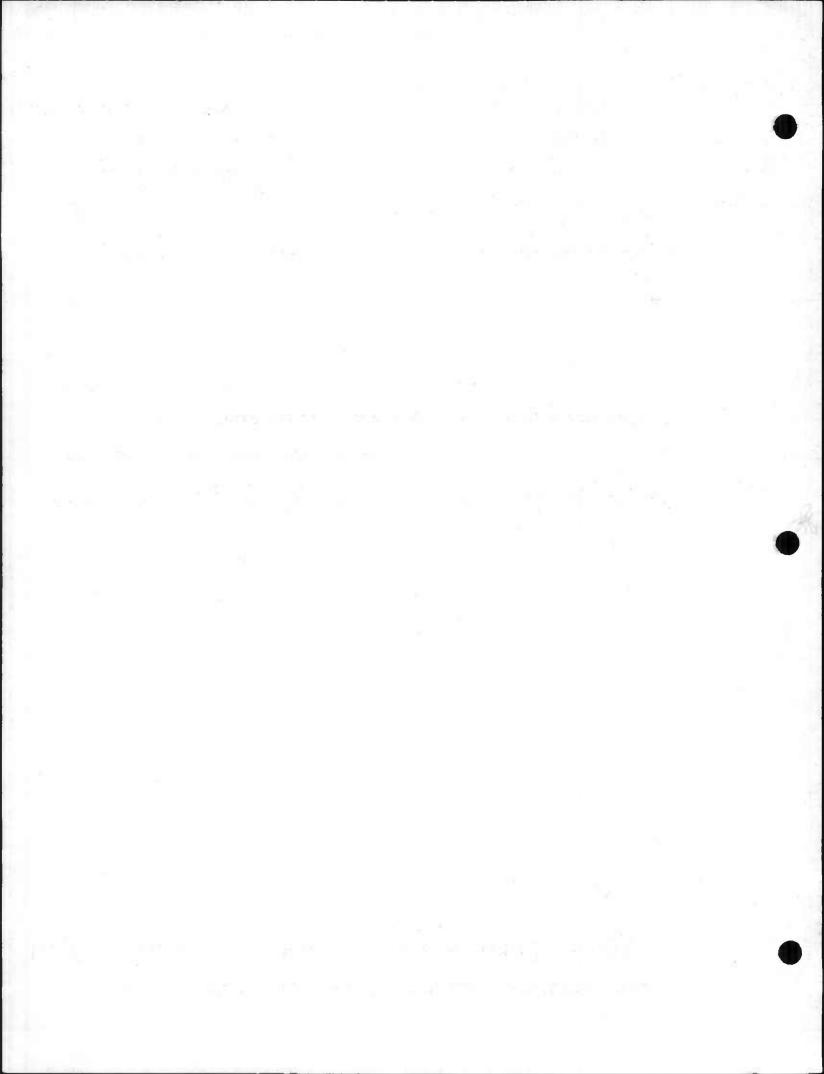
31. Dete filed (Month, Dey, Year)

UN 0 5 1997

Physician

/Medical

Examiner



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month STOWELL Dorothy Marie May 30, 1997 4:35 am /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner Franklin Square Hospital Center Rosedale Baltimore If Under 1 Yeer If Under 24 Hrs. Months Deys Hours Min. 8. Dete of Birth (Month, Dey, Yeer) May 15, 19 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthpiece (State or Foreign Country) **Funeral** 1□M 2√2F Months Maryland 82 Yrs. Director 215-20-5710 1915 Usual Residence of Decedent the Maryland 10a Stete 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at 1 ☐ Yes 2 No Directo Maryland Baltimore Middle River 10a, Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ŏ 5 Brett Court Apt 325 21220 USA items 23a Funeral filed within 72 hours after deeth 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes ② No if Yes, Give× Yeer or Detes: 11. Maritai Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 1 Never Married 2 Merried 1□ Yes 2□No Baltimore, Maryland 21215-0020 9 Specify þ Specify: White 3 Widowed 4 ☐ Divorced "naturs!", Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) Housewife Own Home 7 is marked other traumatic event, to 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Pages 1 and 2 should be fill ment of Health end Mental H ant: If item 27 is marked out Be Hattie Stokes John W. Sweitzer 19e. Informant's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2:1
Department of Health or important: If them 27 is any injury or other trau Colleen Shaneybrook (daughter) 613 Goucher Ave. Lutherville, Maryland 21093 20b. Plece of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 3 □ Removel from Stete Holly Hill Mem. Gardens 6/2/97 Baltimore County, Md 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licenses 22. Neme end Address of Fecllity Bruzdzinski Funeral Home PA 1407 Old Eastern ave. Essex, Maryland 21221 art1. Enter the disease, or complications that edused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one ceuse on each line. Approximete intervel Between Onset end Deeth Physician /Medical Immediete Cause (Finel Myocardial Infarction 90 Minutes diseese or condition resulting in deeth) Examiner Due to (or es a consequence of): The lew requires that the death certificete be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): and Records, P.O. Box 68760. physician Physician/Medicai the Due to (or es a consequence of): for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Cerebrovascular Accident þ 24b. Were eutopsy findings aveileble prior to completion of cause of death? 24e. Was an autopsy performed? Be Completed page 2 ficate 2 No 1 ☐ Yes 2 ☐ No OKVITA 25. Wes case referred to medical 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) TCU 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Dey Yeer) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Neturei 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the cause(s) and manner stated. 29a, Certifier Medical 24 To the within 2 To the 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) May 30, 1997 AMORA

2303 Kings Arms Drive, Fallston, MD

DHMH 16 Rev 6/95

State Registrar 30. Name and address of person who completed cause of deeth (item 23e) (Type, Print)

Marco Zamora M.D.

31. Dete filed (Month, Day, Year)
JUN 0 5 1997

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

Malcolm

217-09-4331

JUN 05 1997

4. SOCIAL SECURITY NUMBER

1. DECEDENT'S NAME (First, Middle, Last)

FACILITY NAME (If not institution, give street and number)

E. Seybold,

5. SEX

1 M 2 - F

Sr.

86

6. AGE (In yrs. lest birthday)

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| DIVISION OF VITAL RECORDS, PC | COUTAL OD ATTENDANC DUVCIOLANI: The last consistent than the |
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| | Carroll Cou | | neral Hospi | ital | W | estmi | nster | | Ca | arrol | L | |
|----------------------------------|--|---|--|---------------|--|-------------------------------|--|--------------------|--|----------------------------------|--|--|
| DIRECTOR | 10a. STATE MD. | 10b. CDUNT | _ | | 10c. CITY, TOW Ellic | | | | | 1 | 0d. INSIDE CITY | |
| at once. E COMPLETED BY FUNERAL | | How | | ETITO | | | | | 1 | X YES 2 NO | | |
| | 100. STREET AND NUMBE 8458 Rollin | | e Ct. | | | 11 | 21043 | | | ZEN OF WH | AT COUNTRY? | |
| | 11. MARITAL STATUS 1 Never Married 2 [3 X Widowed 4 Di | | 12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR | YES 2 X | MED 40 | If yes, s | CENDENT OF NISPAI pecify Cuban, Maxica S 2 NO Specif | n, Puerto Rican, | ecify Yea or No— etc.) | 14. RACE - Black, Specify: | - American Indian, White, atc. White | |
| | 15. Di (Specify of Elementary/Secondary 1.2 | CEDENT'S EDU nly highest grade (0-12) | College (1-4 or 5+) | (G life. | 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Steamfitter | | | | of Business/IND | USTRY | | |
| | 17. FATHER'S NAME (First, James I. S | | . Sr. | | | | 18. MOTNER'S NA | ME (First, Middle, | | | | |
| TO BE | 19a. INFORMANT'S NAME Eugene Seyb | (Type/Print) | | | 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) | | | | | | | |
| must be notified TO BI | 8458 Rolling Ridge Ct. Ellicott City | | | | | | | | | , MD | . 21043 | |
| | 1 X Burial 2 Cremation 3 Ramovat from Stata 4 Donation 5 Other (Specify) New Cathedral Cemetery 6/6/97 Baltimore | | | | | | | | | | | |
| AL CERTIFICATION | Plul | ULP I | Hails | | | Sterl 736 B | ing Asht Edmondson | on Fune Ave. I | eral Home | , Inc | 21228 | |
| | Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA | ediata YING jury ST | cDUE TO (DR | AS A CONSEC | DUENCE DF): | | au 2 | J | ul | | 3000 | |
| MEDICAL | PART II. Other signific | ent condition | se contributing to dea | th but not r | esulting in the | underlyln | g cause givan in | | WAS AN AUTOPSY PERFORMED? YES 2 1 NO | C | ERE AUTOPSY FINDIN MILABLE PRIOR TO DMPLETION OF CAUS F DEATN? YES 2 NO | |
| PHYSICIAN: | 25. WAS CASE REFERRED EXAMINER? 1 YES 2 MA | TO MEDICAL | HOSPITAL: | Outpetlant 3 | OTH OTH | ER: | LACE OF DEATN (Che | | u.a | | | |
| ВУ РНУ | 27. MANNER OF DEATN 1 Naturel 5 2 Accident | Pending Investigation | 28a. DATE OF INJU (Month, Day, Ye | | 28b. TIME DF INJURY M | 28c. IN. | JURY AT ORK? YES 2 NO | | NOW INJURY OCC | UREO | | |
| 0 | 3 Suicide 8 S | | | | | (Street and Number on, State) | or Rurel Rou | e Number, | | | | |
| ш | | datermined | | | | | | | | | | |
| COMPLETE | 29a. CERTIFIER (Check only one) 1 CERTIFIER 2 MEI | TIFYING PNYSI | CIAN: To the best of my k | nowledge, das | ith occurred at the | e time, data y opinion, d | and place, and dua | to the cause(a) : | and manner as state | id. | nd manner as stated | |

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATN

97 16944 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH DAY 3. TIME OF DEATN TIME 3 1997 6:15 8. BIRTNPLACE (State or Foreign Country) 0678471910 MD 9c. COUNTY OF DEATN Carroll 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. y Yea or No-14. RACE — American Indian, Black, White, etc. Specify: White BUSINESS/INDUSTRY on iden Surname) 11 Town, State, Zip Code) tt City, MD. 21043 c. LOCATION — City or Town, Stata altimore, MD. al Home, Inc. ltimore, MD. 21228 eapiratory arrest, Approximete interval Batwean Onaet and Death Do S AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? 5 2 TINO 1 YES 2 NO W INJURY OCCUREO set and Number or Rurel Route Number, tata)

DNMH-16 Rev 1/89

MD

WALTER E. SUECK

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

| State of Maryland / | Depa | rtment | of | Health | and | Mental | Hygien |
|---------------------|------|--------|----|--------|-----|--------|--------|
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| te of Maryland / Department of Health and Mental Hygiene | 0 "7 | |
|--|------|--|
| Certificate of Death Reg. No. | 91 | |

| Case | = #97 - | 2949-510 |
|------|-----------------------------------|--|
| | Physician /Medical Examiner | Decedent's Nem 4a. Fecility Neme (I BAYVIE |
| | Funerai | 5. Sociel Security N |

r than "natural", or items 23a or 28a-1 show the Medical Examiner must be notified at

filed within 72 hours after I Hygiene. other traumatic event. permit. Pages 1 and 2 should be filk Department of Health and Mental Hy Important: if Item 27 is marked oth any injury or other traumatic event once.

21215-0020

Baltimore, Maryland

Physician /Medical **Examiner**

pue Bo Attending Physician: The law requires that the death signed by the e Division of Vital Records, P.O. certificate funeral director, this After ofter death Director: / the filled in by 6 To the Hospital within 24 hours of To the Funeral Completely filled

1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2. Date of Deeth Walter E. Sueck, Sr. 30, MAY 1997 12:23p.m 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Baltimore City BAYVIEW HOSPITAL N/A 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Birthplace (State or Foreign Country) 138M 2□ F Months Deys Hours 75 Yrs. 214-18-2012 15,1921 Germany Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Dundalk 1 Yes 2 No Director Maryland Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? United States 21222 Funeral 1709 Watervale Avenue 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 ☐ No Specify: þ Specify: White 3€Widowed 4 Divorced Completed 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 6 Years Bricklayer Masonry 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be Adolf Sueck Elsie Pferdekamper 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 105 Trappe Road Dundalk, Maryland 21222
ce of Disposition (Neme of Dete 20c. Location - City of To Carolyn Shope/Daughter 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, State 1℃XBuriel 2 Cremetion 3 Removei from State Oak Lawn Cemetery 6/3/1997 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore. Maryland 21. Signature of Furerel Service Licensee 22. Name end Address of Fecility Duda-Ruck Funeral Home of Dundalk, Inc. 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, Approximate shock, or heart fellore. List only one cause on each line. tntervet Between Onset end Death Immediete Ceuse (Finel disease or condition resulting in death) a Arteriosclerotic Cardiovascular Disease Due to (or es e consequence of): Examiner Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Physician/Medical Due to (or es e consequence of): Part Ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed INSPECTION 1 ☐ Yes 2 ☐ No 1 Yes 2 No Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitat: 1 ☐ Inpatient 2 ☐ PR/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 XYes 2 No 28e. Dete of Injury (Month, Day Yeer) 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 Naturel 2 Accident 1 Yes 2 No 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) end menner es steted.

2 Medical Exeminer: On the bests of exemination end/or investigation, in my opinion, deeth occurred et the time, date end pleca, end due to the ceuse(s) end menner stated. Medicai 29a. Certifier (Check only one) 29b. Signature and little of certifier 29c. License number 29d. Date signed (Month, Dey, Year) May 30, 1997 O.C.M.E. J. Laron Locke M.D 30. Name end eddress of person who completed cause of deeth (ttem 23e) (Type, Print) Laron Locke M.D. 111 Penn Street, Baltimore, Maryland 21201 31. Dete filed (Month, Day, Year)

sar's Signature

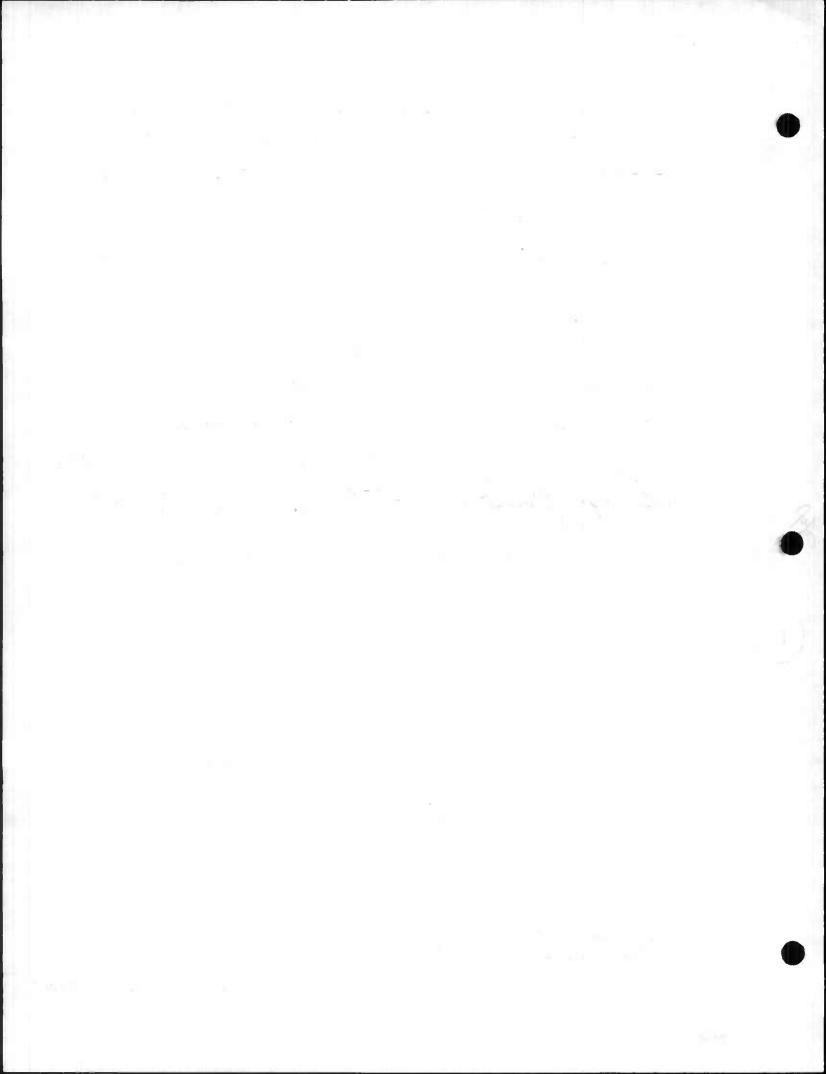
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DHMH 16 Rev 6/95

State

Registrar

JUN 0 5 1997



State of Maryland / Department of Health and Mental Hygiene 16946 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Siegent Dey 03 Month Vear **Physician** Florence 9:30 AM June 1997 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** HARBOR CENTER BALTIMORE HOSPITAL N/A If Under 24 Hrs. 7. Age (In yrs. last birthdey) If Under 1 Year 5. Social Security Number 8. Date of Birth (Month, Day, Year) 9. Birthplace (Ster Country) MARCH 13,1916 MARYLAND 9. Birthplace (Stete or Foreign **Funeral** Months Days Hours 1□ M 2√ F 213-01-5490 81 Yrs. Director Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location permit. Peges 1 and 2 should be filed within 72 hours after death with the Marylan Depertment of Heelih and Mental hygiene.
Important: if item 27 is marked other than "natural", or items 23a or 28s-4 show any injury or to 10d. Inside City Limits 1√ Yes 2 No Director N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 600 LIGHT STREET 21230 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-lt Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 1 ☐ Yes 2X No If Yes, Give Year or Dates: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify. Specity: by 3 □ Widowed 4 □ Divorced WHITE 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) HOMEMAKER HOMEMAKING 6TH GRADE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) CHARLES STEINER MARY EVA WITZEL 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) DANIEL H. SIEGERT (SON) 158 LONG DRIVE - QUEENSTOWN, MD 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremetion 3 Removal from State 6/5/97 4 ☐ Donation 5 ☐ Other (Specify) LOUDON PARK CEMETERY BALTIMORE 22. Name and Address of Facility
HUBBARD FUNERALHOME INC. 21. Signature of Funeral Service Licenses 4107 WILKENS AVENUE-BALTIMORE, MD 21229 Inter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset end Death **Physician** Gastrointestinal Bleeding /Medical Immediate Cause (Final disease or condition resulting in death) days **Examiner** Examiner sician and buriel-trensit Box 68750 Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest ettending physician for use es the burie Physician/Medical Due to (or as e consequence ot) signed by the eld d be deteched for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Donknown Division of Vital Records. by 24b. Were eutopsy tindings available prior to completion of cause ot death? should 24e. Was an autopsy performed? Completed 2 No 1 ☐ Yes 2 DNo Attending Physician: funerel director. 25. Was case referred to medical 26. Piece of Deeth (Check only one) 1 Yes 2 No Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Impatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? After 1 Naturel 5 Pending To the Hospital or Attending within 24 hours effer deeth.

To the Funeral Director; Afte completely filled in by the fun. 1 Yes 2 No Investigation 2 Accident 6 Could not be 3 Suicide 28t. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of tnjury - At home, tarm, street, tactory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner stated. 29a. Certifier Medical 29b. Signature and title of certifier 29d. Date signed (Month, Dey, Year) Resident Physician 29c. License number MAXINGROST. AS 2441614-41 June 03, 1997 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

State Registrar 31. Dete tiled (Month, Day, Year)

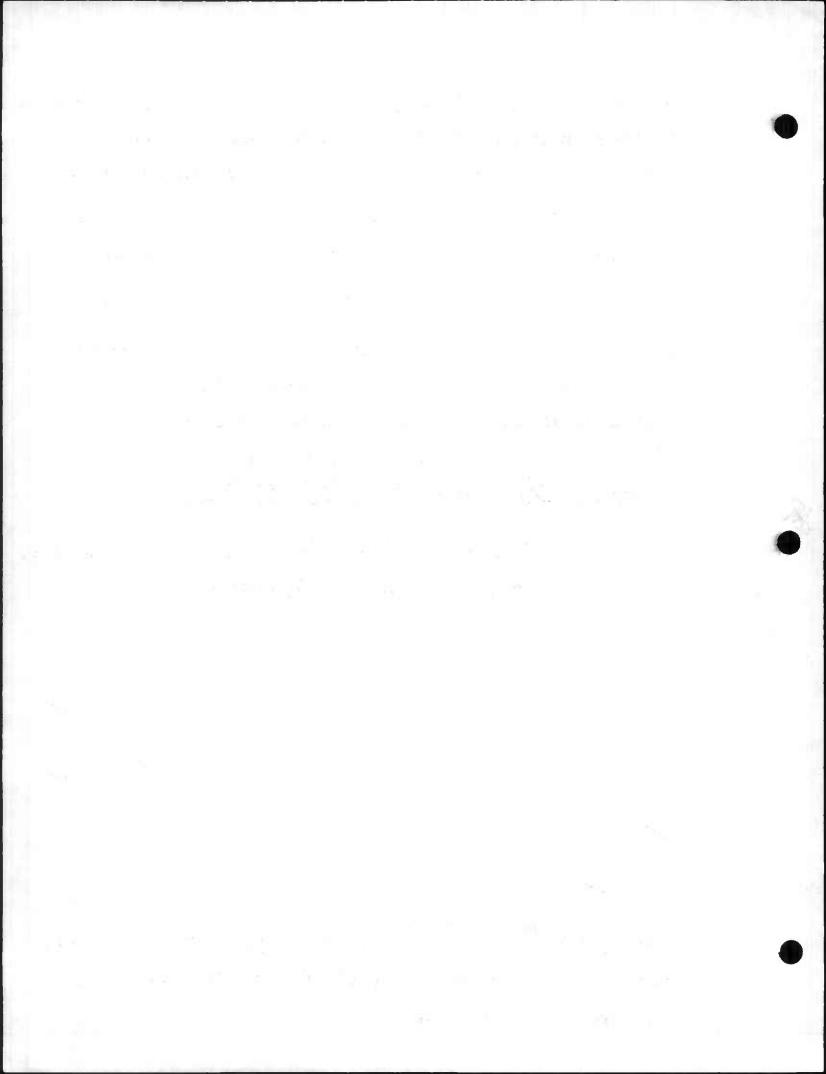
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SYED



ZAFAR

HARBOR HOSPITAL CENTER



WRC 97-2892-510 MARGARET SOATER

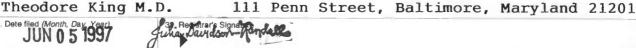
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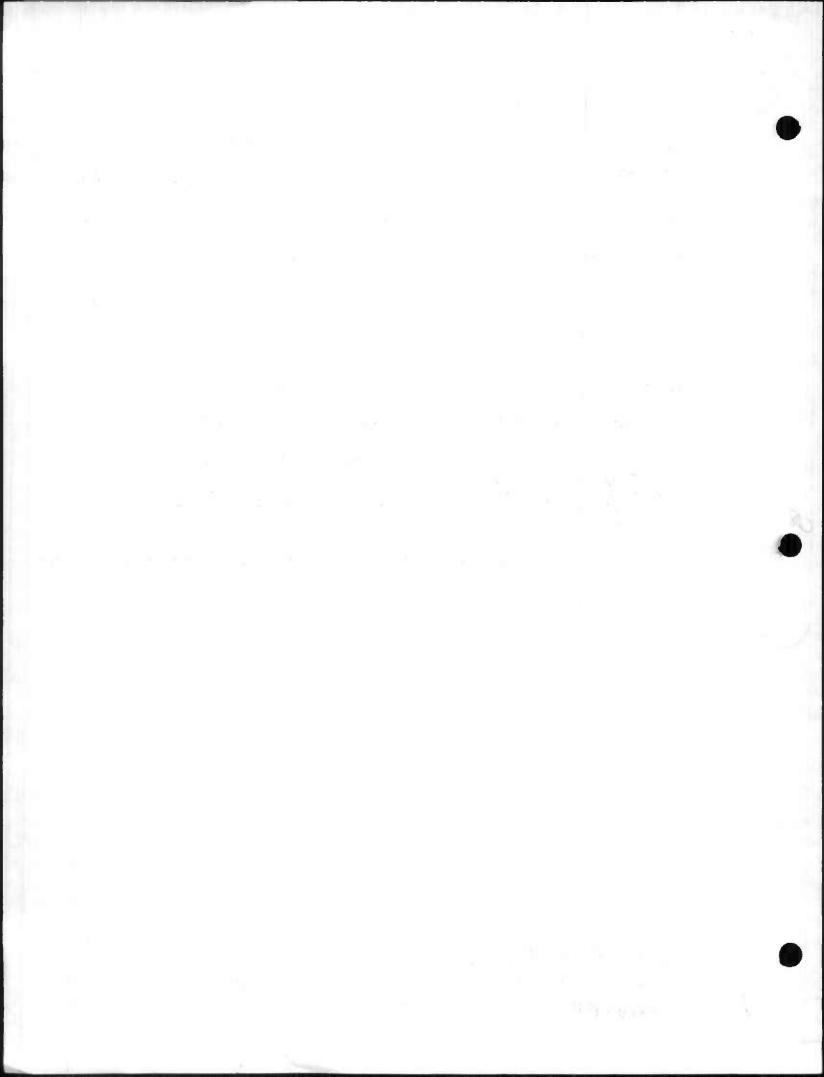
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Day Year MARGARET JUANITA SOAPER 1997 MAY 26, 6:17 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Daath 4c. County of Death Examiner N/A 2026 EAGLE ST. BALTIMORE If Undar 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funeral** Days 1 ☐ M 2 🗓 F Yrs Director 212-28-0985 65 APRIL 9,1932 BALTO., MD Usual Residence of Decadent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. fnslda City Llmits show rthan "natural", or items 23s or 28s-f show the Medical Examines must be notified at Director tyEl Yas 2 □ No N/A BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2026 EAGLE STREET 21223 U.S.A. Funeral death 12. Was Decedent Ever in U,S Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Ricen, etc.) Raca - American Indian, Black, White, etc. filed within 72 hours efter 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 ☐ XNo Specify: þ Specify: WHITE 3 ☐ Widowed 4 ☑ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry i Hyglene. Elemantary/Secondary (0-12) College (1-4or 5+) HOMEMAKING 8TH GRADE HOMEMAKER traumatic event, Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mothar's Name (First, Middla, Maidan Sumame) . Pages 1 end 2 should be fill ment of Health end Mental Hant: If Item 27 is marked oth jury or other traumatic even Be RICHARD S. SOAPER MARGARET SILER 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2135 GREYTHORN ROAD - BALTIMORE, MD 21220 TANYA BIRSNER (DAUGHTER) 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burlai 2 Cramation 3 Removal from State permit. Page Department of Important: If any Injury or MEADOWRIDGE MEMORIAL PARK5/30/97 ELKRIDGE, MD 4 ☐ Donation 5 ☐ 4 ther (Specify) 21. Signature of Furier Service Licenson 22. Name and Address of Facility HUBBARD FUNERAL HOME INC. 21229 4107 WILKENS AVENUE-BALTIMORE, MD ter the disease, or complications that caused the death. Do not entar tha mode of dying, such as cerdiac or respiratory arrest, hear failura. List only one cause on each line. Approximate Intarval Betw Onset and Death **Physician** /Medical Immediate Ceuse (Final disaasa or condition resulting in death) a Hypertensive Arteriosclerotic Cardiovascular Disease Examiner Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate causa. Enter Undarlying Cause (Diseasa or injury that initiated events resulting in death) Last Due to (or as a consequence of) Physician/Medical Dua to (or as a consequence of) P.O. Box 6 The law requires that the death certific use signed by the at d be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, þ director, page 2 should 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? certificate hes 1 ☐ Yas 2 No 1 ☐ Yas 2 ☐ No Vital Hospital or Attending Physician: 24 hours efter death.

Funeral Director: After this certifice Be 25. Was case refarred to medical 26. Place of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 🖾 Residenca 6 ☐ Other (Specify) 1 X Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA of funeral 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Division 5 Pending 1 X Natural 1 Yes 2 No investigation 2 Accident illed in by the 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours 29a, Certifier 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and placa, and due to the causa(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and plece, and due to the cause(s) and manner stated. To the within 2 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) O.C.M.E. MAY 27, 1997 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

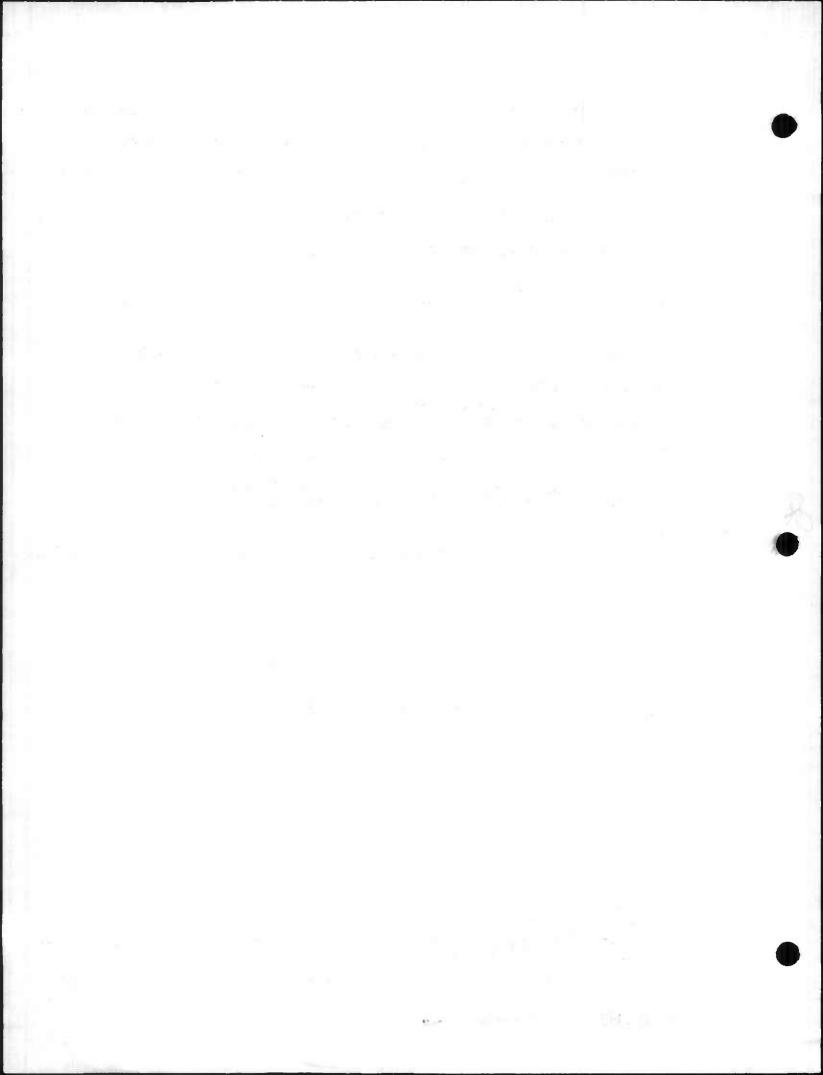
State Registrar 31. Dete filed (Month, Day Year)





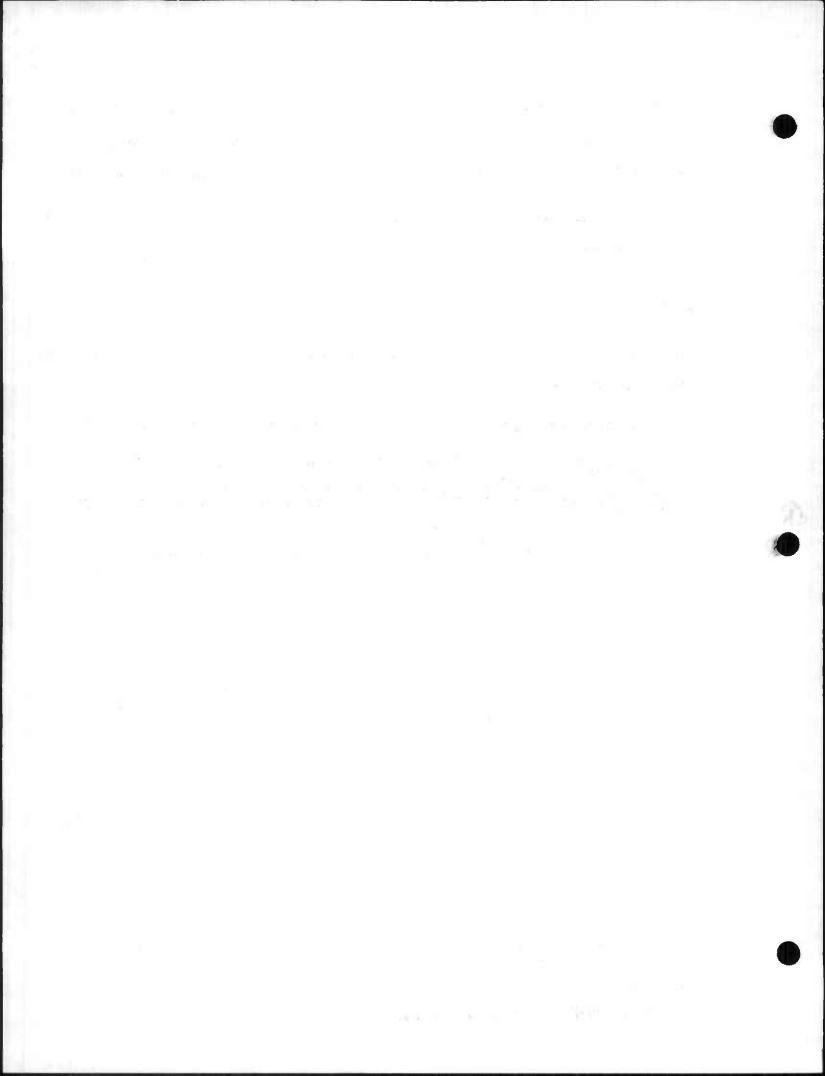
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| | | | 0.0 | | iai yiai | | Certificate of | f Death | Wie Mai 11 | Reg. No. | 97 | 16948 | |
|--|-----------------|--|--|--|--------------------|---------------------|--|---|---|----------------------------------|------------------------------|---|--|
| Physic | | Decedent's Name (First, Middle, Last) GEORGE FREDERICK SCHMIDT | | | | | | | 2. Date of De Month MAY | eeth Day | Year 1997 | 3. Time of Death 2:00 P.M | |
| /Medi Exami | | 4a. Facility Neme (If not Instit | ution, give street | end number | r) | | | 4b. City, Town, or | | | ty of Death | 2000 2011 | |
| | Ш | 303 MAIDEN C | | NE-AP | T-101 | | | | SVILLE | | TIMOR | E | |
| Funeral Director | | 5. Social Security Number 215-10-2387 | 6. Sex 1 1 M 2 | | ge (In yrs. 84 | | hday) If Under 1 Yes Months Day | | | irth ay, Year) 1912 | 9. Birthpl Count BAL | lace (State or Foreign try) TO., MD | |
| ou k = | | Usual Residence of Deceden 10a. State 10b. Co. | | | 10c. Cit | tv. Town | or Location | or Location 10d. Inside City Limits | | | | | |
| with the Maryland a or 28a-f show De notified at | otor | MD | BALTIMO | RE | | | CATONSV | ILLE | | | | 1 ☐ Yes 2 No | |
| th with the 23e or 28 ust be no | al Director | 10e. Streef end Number 303 MAIDEN C | HOICE LA | NE - | APT-1 | 01 | 10f. Zip Code | 1228 | | 10g. Citizen of U.S. | | fry? | |
| 0020 ours after dea raf, or items Examiner m | by Funeral | 11. Marltal Status 1 Never Married 2 1 3 Widowed 4 Divor | Arried 1½ | is Decedenmed Forces Yes 2 Yes, Give ar or Dates: | ? INO WW | | 13. Was Decedent of If Yes, specify Cu | | Specify Yes or Noto Rican, etc.) | | ack, White, e | etc. | |
| Maryland 21215-0020 d2 should be filed within 72 hours at th and Mental Hygiese. 77 is marked other than "natural", or traumatic event, the Medical Exam | Completed | 15. Dece (Specify only his Elementary/Secondary (0-1 12TH GRADE | dent's Education ghest grade comp Co | pleted) llege (1-4or | 5+) | | Decedent's Usual Occ (Give kind of work don life. DO NOT use retii Countant | upation e during most of wo ed) | orking | 16b. Kind of I | | ustry UNPAPER | |
| and the file and other event, | 8 | 17. Father's Name (First, Mid- WILLIAM C. S | | | | | | | me (First, Middle | , Maiden Suma | | | |
| try though the marks marks | 2 | 19a. Informant'a Name/Relat | | nt) CD A N | DDAIIC | പഞ്ച | Mailing Address (Street | | | | Ctoto Zie | Code | |
| | Н | ELISE MICHELE | | | | | BEEHIVE P | | | | 2103 | _ | |
| Baltimore, semit. Pages 1 as Department of Hea moortant: If Item: iny injury or othe inte. | | 20a. Method of Disposition 1X Burial 2 ☐ Cremati 4 ☐ Donation 5 ☐ Ofhe | | I from State | C | Place of emeter | Disposition (Neme of y, crematory or other particle) PARK CEME | (ace) | Date 6/4/97 | 20c. Location | | wn, State | |
| Baltin parmit. Pa Departmen mportant any injury ance. | | 21. Signature of Funeral Serv | | 11 | Loc | DOIN | 22. Name and Add HUBBARD FU | ress of Facility | | DIELLIN | | | |
| | ш | 23a. Pur(1) Enter the disease | M . K | Ma | m | m | 4107 WILKE | | | | 212 | 29 | |
| Physician /Medical Examiner | Jer. | Immediate Ceuse (Final disease or condition resulting in death) | е | CUF | | | Y ARTE onsequence of): | RY D | ISEAS | E | | Onset and Deeth SHEAR(| |
| 68760, tificate be executed g physician end es the buriel-transit | edical Examiner | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lasf | b | | | | onsequenca of): | | | | | | |
| | an/M | | _ | | | | | | | | | | |
| Records, P.O. Box The law requires that the death cer ate has been signed by the ettendir page 2 should be deteched for use | by Physician/M | Part II. Other algnificant cond | | | | | | | | tobacco use co | | the cause of death? | |
| Records, he law requires the law seen signed age 2 should be o | | O H | | 1.(1) | 0100 | GOO | 0.0110 | 110 | | an eutopsy ormed? | 24b. We | re eutopsy findings | |
| Reco | Completed | | | | | | | | | | of d | npletion of cause leath? | |
| Vital slcian: The certificate | Be C | 25. Was case referred to med | ical | | | | | 26 Place of De | ath (Check only | 6 | 1 | Yes 22 No | |
| of Vita Physician: this certific | To B | examiner? 1 Yes 2 No | Hospital | : 1 ☐ Inpati | ent 2 | ER/Out | patient 3 DOA | 41 | dome 5 Resi | | her (Specify | 1 | |
| D D Mg Ph ter th | L:uc | 27. Menner of Death 1 ☑Natural 5 ☐ Per | 28e. | Date of Inju | ury av Year) | 28b. Ti | | | Y | how Injury occu | | , | |
| Division of Vital Records to the Hospital or Attending Physician: The law within 24 hours effer deeth. To the Funeral Director: Affer this certificate has completely filled in by the funeral director, page 2 | Certification: | Accident Inve | estigation | Placa of In | | ome, far | | Yes 2 No | 28f. Location (City or To | (Street end Num wn, Stete) | ber or Rural | Route Number, | |
| To the Hospital within 24 hours of To the Funeral I completely filled | edical (| 29a. Certifier 1 Certifier (Check only one) Medic | al Examiner: On | To the best the basis of manner st | of examinat | wledge, tion and | death occurred at the loor investigation, in my | time, dete and place opinion, death occu | e, and due to the urred at the fime, | cause(s) end m date and plece | anner as sta , end due fo | ated. the ceuse(s) | |
| To the within To the comple | Me | 29b. Signature and title of cert | DOY | 1/0 | w | 6 | mo D | nse number 29900 | | 29d. Date sign | ed (Month, D | | |
| 1:11 | | 30. Name and address of pers DR. SCOTT T. | on who complete MAURER | d cause of c -9501 | death (Item OLD | 23e) (7 ANN | Type, Print) APOLIS ROAI | D-SUITE 2 | 00-ELLIC | COTT CIT | Y,MD. | 21042 | |
| Sta | ite | 31. Dete filed (Month, Day, Ye | ar) | 32. Registr | rer's Signal | ture | | | | _ | | | |



| | 31 | | ite of M | | Ce | rtificate | | | | | Re | g. No. | 97 | 16 | 349 | | | | | |
|------------------------------|---|--|---|--|-------------------------------|---|-----------------------------|---|--------------|--|--------------------------------|---|--|---|-----------------|--|--|--|--|--|
| sician | Decedent's Name (First, Middle, Lest) The Cold I are a second and the cold I are a second and I are a second | | | | | | | Date of Deeth Month Day Year | | | | | of Deeth | | | | | | | |
| edical | THOMAS SAMSEL, III | | | | | | | | | MAY | | 31, | 1997 | 1:0 | 0 A.M. | | | | | |
| miner | OLT CAMP MEANS DOIN | | | | | | | | | or Location of Deeth 4c. County of Death | | | | | | | | | | |
| | 817 CAMP MEADE ROAD 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 if | | | | | | | | | | | | | | - | | | | | |
| erai tor | 216-36-8454 | | | | | 58 Yrs. Months Days Hours Min | | | | | | | | 9. Birthplece (State or Foreign Country) MARYLAND | | | | | | |
| | Usual Residence of Decedent | | | | | | | | | 1101 | 15, | 1750 | TIM | LUMIN | | | | | | |
| ompleted by Funeral Director | 10e. State 10b. Cour | nty | | 10c. Ci | ty, Town or Lo | cation | | | | | | | 1 | | City Limits | | | | | |
| Director | | De. Street and Number 10f. Zip Code | | | | | | | | | | | | 1 □ Y | es 🎾 No | | | | | |
| o io | | | | | | | | | | | 10 | | f What Coun | itry? | | | | | | |
| era | | n Doordont | Decedent Ever in U.S. 13. Was Decedent of Hispenic | | | | urigin? (Specify Ves or No- | | | U.S.A. | | | | | | | | | | |
| by Funeral | 11. Marital Stetus 1 Never Merried 2 M 3 Widowed 4 Divorce | arried 1 | Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: | | | 13. Was Decedent of Hispenic Origin? (Sp. If Yes, specify Cuban, Mexicen, Puerlo 1 ☐ Yes 2 No Specify: | | | | Rican, etc.) | | Bleck, White, etc. Specify: WHITE | | | | | | | | |
| Completed | 15. Deced | | 16e. Decedent's Usual Occupation | | | | | | | 1 | 16b. Kind of Business/Industry | | | | | | | | | |
| pie | (Specify only high | | ileted) ilege (1-4or: | 5+) | (Give | kind of work DO NOT use | done du retired) | uring most | of workin | ng | | | | | | | | | | |
| To Be Com | 12TH GRADE | | | | PHOT | O ENGR | RAVEI | R | | | | BALT | IMORE | SUNP | APER | | | | | |
| Be | 17. Fether's Neme (First, Middle, Last) | | | | 18. Mother's Na | | | | | ame (First, Middle, Maiden Surneme) | | | | | | | | | | |
| 10 | THOMAS SAMSEL, JR. ELIZ | | | | | | ELIZ. | ABET | 'H KC | CHE | R | | | | | | | | | |
| | 19e. Informent's Name/Reletio | nship (Type, Pri | nt) | | | ng Address (| | | | | | | | | | | | | | |
| | THOMAS SAMSEL 20a. Method of Disposition | ,IV (SO | N) | 20h I | 1/16 Place of Dispo | MANNI sition (Nome | | ROAD | - GL | | | | | | | | | | | |
| | 1 ☑ Burial 2 ☐ Crematio | n 3 □Remova | I from State | | cemetery, crer | netory or oth | er plece, | • | | Dete | | oc. Location | n - City or To | wn, State | | | | | | |
| puce. | 4 □ Donation 5 □ Oth 5 | | | MEA | DOWRID | | | | 6/ | 3/97 | | ELKR1 | DGE | | | | | | | |
| DUC. | 21. Signature of Funeral Service | ce Licensee | 1 | -0, | | BBARD | | | HOME | E INC | . · | | | | | | | | | |
| | - flere | 10 | -~ | uz | | .07 WII | | | | | | | D 21 | 229 | | | | | | |
| | 23a. Part Enter the disease, shock, or heart failure. L | ist only one ceus | s that ceused se on each li | ne. | n Do not ent | er the mode | ot dying, | , such as c | ardiac oi | r respireti | ory erre | st, | | Approxin Interval E Onset en | Between | | | | | |
| an cal | Immediate Ceuse (Final Me To. Act | | | | | | | 2.0 | ua & Lung | | | | 3 M | | | | | | | |
| ner | oscitling in death) | | | | | | MO | Mu | in & rolling | | | | 374 | - | | | | | | |
| ē I | | | | Due to (| or es a consec | uence of); | | | | | | | i | | | | | | | |
| Examiner | Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| dical | Cause (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of): | | | | | | | | | | | | | | | | | | | |
| Ned Ped | Tooling it dooily E85(| | | | | | | | | | | | | | | | | | | |
| an | | d | | | | | | | | | | | 1 | | | | | | | |
| Physician/Med | Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. | | | | | | | 23b. | Did tob | acco use c | ontribute to | the caus | e of death? | | | | | | | |
| Phy | Pulm enery | Pulmanery Em boli | | | | | | | | 1 □ Yes 2 □ No 3 ⊅ | | | | Probably 4 Unknown | | | | | | |
| d by | | | | | | | | | | - | 1012 | | Tout W | ara aut = : | u findings | | | | | |
| Completed | | | | | | | | | | | Was an perform | autopsy ed? | ave | ere eutops eileble prid mpletion d | or to | | | | | |
| mp | | | | | | | | | | | | | of | deeth? | | | | | | |
| Com | | | | | | | | | | | 1 🗆 Yes | s 2 No | 10 | Yes 2 | □ No | | | | | |
| 1 1 1 | DE 18/00 man and area of to 47 | cal Hospital | l: | | | | - | 26. Place o | | | | | | 1. | | | | | | |
| Be | 25. Was case referred to medie examiner? | | 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nurs | | | | | - | | | - ' | ther (Specify | HOS | PICE | | | | | | |
| ToB | examiner? 1 ☐ Yes 2 No | | | 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 1 Yes 2 No | | | | | | 28d. Describe how Injury occurred | | | | | | | | | | |
| ToB | examiner? 1 Yes 2 No 27. Manner of Death 1 Netural 5 Pend | 28e. | (Month, De | y rear) | | M | 11 1 7 6 | 3 Suicide 6 Could not be determined 28e. Place of injury - At home, farm, street, factory, office | | | | | | 28f. Location (Street and Number or Rural Route Number, | | | | | | |
| flcation: To B | examiner? 1 Yes 2 No 27. Manner of Death 1 Netural 5 Pend 2 Accident Inve: 3 Suicide 6 Coul | ding stigation | | | ome, farm etr | | | 63 2 114 | | 8f. Locat | ion (Str | eet and Nun | nber or Rura | I Route N | um <i>ber</i> . | | | | | |
| ToB | examiner? 1 Yes 2 No 27. Manner of Death 1 Netural 5 Pen 2 Accident Inve: 3 Suicide 6 Coul | ding stigation | | ury - At h | ome, farm, str | | | 00 2 11 | | Bf. Locat City o | ion (Street Fown, | eet end Nun Stete) | nber or Rura | I Route N | um <i>ber</i> , | | | | | |
| flcation: | examiner? 1 Yes 2 No 27. Magner of Death 1 Netural 5 Pene 2 Accident 1 Inve: 3 Suicide 6 Coul 4 Homicide 29a. Certifier 1 Certify | ding stigation Id not be mined 28e. | Piace of inj building, et | ury - At h | y) wledge, deeth | eet, factory, o | office |), dete and | plece, e | City o | the ce | Stete) use(s) end r | menner as st | eted. | _ | | | | | |
| ToB | examiner? 1 Yes 2 No 27. Manner of Death 1 Netural 5 Penerity 2 Accident 3 Suicide 6 Couldet Homicide 29a. Certifier (Check only 2 Medici | ding stigation d not be mined 28e. ying Physician: at Examiner: On an | Piace of inj building, et To the best the basis of d manner st | ury - At h c. (Specifi of my kno examine ated. | wledge, deeth | eet, factory, of occurred at vestigation, in | office | e, dete and nion, deeth | plece, e | City o | the cei | Stete) use(s) end rete end plece d. Dete sign | menner as st e, end due to ned (Month, i | eted. the ceuse | B(s) | | | | | |
| edical Certification: To B | examiner? 1 Yes 2 No 27. Manner of Death 1 Netural 5 Peneric Nove: 2 Accident 3 Suicide 6 Could dete 29a. Certifier (Check only one) 1 Yes 2 No 3 No 2 No 3 No 4 No 2 No 4 No | ding stigation d not be mined 28e. ying Physician: at Examiner: On an | Piace of inj building, et To the best the basis of d manner st | ury - At h c. (Specifi of my kno examine ated. | y) wledge, deeth | eet, factory, of a occurred at restigation, in | the time my opir | e, dete and nion, deeth | plece, e | City o | the cei | Stete) use(s) end rete end plece d. Dete sign | menner as st | eted. the ceuse | B(s) | | | | | |
| flcation: | examiner? 1 Yes 2 No 27. Manner of Death 1 Netural 5 Peneric Nove: 2 Accident 3 Suicide 6 Could dete 29a. Certifier (Check only one) 1 Yes 2 No 3 No 2 No 3 No 4 No 2 No 4 No | ding stigation id not be mined 28e. Ving Physician: al Examiner: On an dier | Piace of inj building, et To the best the basis of d manner str | ury - At h (Speciform) of my known examine ated. | wledge, deeth tion end/or inv | eet, factory, concerned at vestigation, in | the time my opir | o, dete and nion, deeth number | plece, e | City o | the cei | Stete) use(s) end rete end plece d. Dete sign | menner as st e, end due to ned (Month, i | eted. the ceuse | B(s) | | | | | |

DHMH 16 Rev 6/95



97-2968-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. AM State of Maryland / Department of Health and Mental Hygiene EDWIN Items: 23 part I,27,28a-f per MEO G-748 6/9/97 dhCertificate of Death TURNER 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** ALUINO TURNER EDWIN 31,1997 MAY /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** MARYLAND GENERAL ER. BALTIMORE 6. Sex 10 M 2□ F If Under 1 If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** 2/7-54-2/80 Usual Residence of Decadent 46 Yrs. Director the Maryland 10a. State 10b. County 10c. City, Town or Location 28a-f ahow treumatic event, the Medical Exerginer must be notified at BALHNOKE Directo Marylano 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 519 238 60/d 2/2/7 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 D No If Yes, Give Yeer or Dates: items Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 72 hours efter 1 Never Married 2 Married "natural", or Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced 15. Decadent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 1 and 2 should be filed within Health end Mental Hygiene. Private Pasiness Elementary/Secondary (0-12) College (1-4or 5+) 98 LABOIEN grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Catherine R. J. Smith UGENE TURNER 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Peges 1 and 2: Department of Health er Important: If Item 27 la eny Injury or other treu HNOVE PAULEHE SILER 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition Date 1 Burial 2 Cremation 3 Removal from State MEMORIAL CARBEAS 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility CHATNAN - HAM 21. Signeture of Funeral Service Ligerses BALTIMOIE, Me 210 KIND 21211 23a Part Enter the dismand, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) NARCOTIC INTOXICATION Examiner Due to (or es e consequenca of): Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or as a consequence of): Box Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the 1 Tyes 2 No þ 24a. Was an autopsy performed?

Completed Be 2

certificate this After

Division of Vital Records, P.O. ne Hospital or Attending P n 24 hours after death. ne Funeral Director: After t

within 2 To the

Certification:

Medicai

State

Registrar

25. Wes case referred to medical examiner? 1 Yes 2 No 27. Menner of Death 1 Natural 5 Pending 2 Accident 3 Sulcide 4 Homicide

Investigation 6 Could not be

28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) at residence 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as steted.

29b. Signeture end title of certifie

1 ☐ Inpatient 2 STER/Outpatient 3 ☐ DOA

28b Time of

Injury

11:20 P

29c. License number OCME

28c. Injury at Work?

1□ Yes 2 No

26. Place of Deeth (Check only one)

Other: 4□ Nursing Home 5□ Residenca 6 □Other (Specify)

unknown

28d. Describe how injury occurred

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated.

3 Time of Death

Birthplace (Stete or Foreign Country)

10d. Inside City Limits

Approximete Interval Between Onset and Death

3 □ Probably 4 Prinknown

24b. Were autopsy findings available prior to completion of cause of deeth?

1 Yes 2 No

11:54 P

Year

USM

14. Race - American Indian, Black, White, etc.

Black

29d. Date signed (Month, Dey, Yeer) JUNE 01,1997

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 517 Gold Street Baltimore, Maryland

30. Name and address of person who completed cause of teath (Item 23a) (Type, Print) HEODERE Muker

Dey, Year) 5

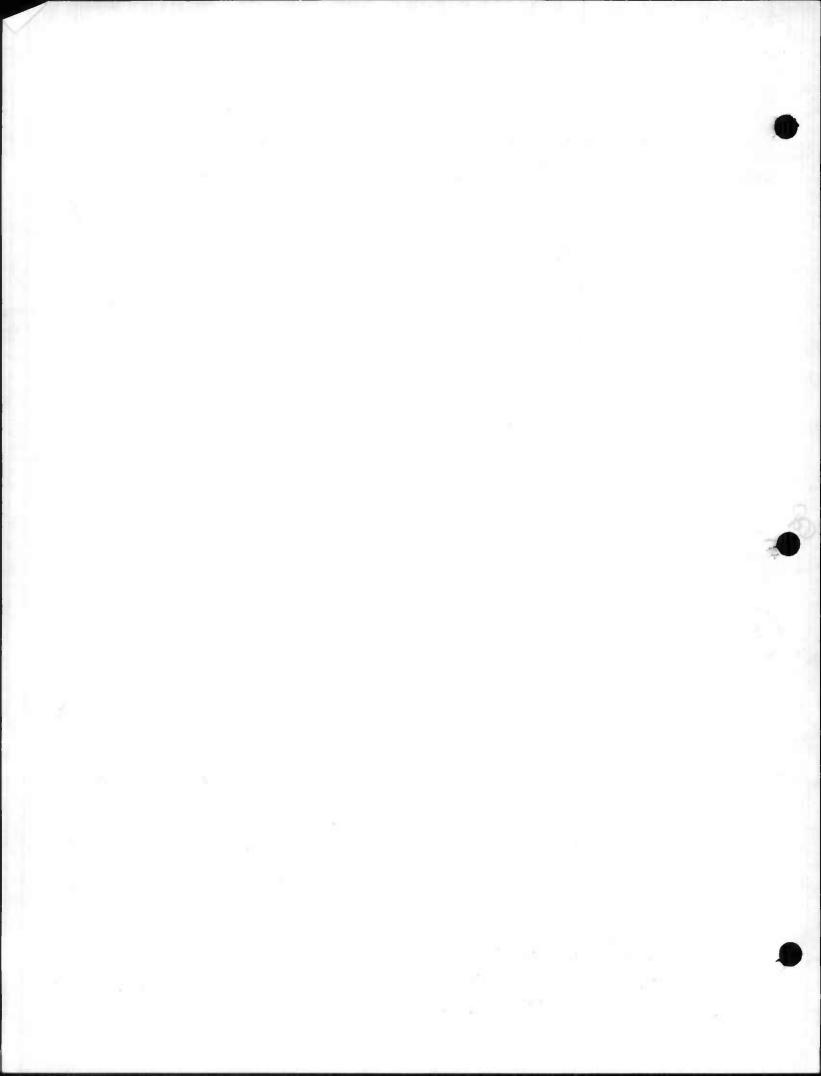
29a. Certifier

(Check only one)

111 Penn Street, Baltimore, Maryland 21201

28a. Dete of injury (Month, Day Year)

5/31/97



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ITEM: #23B PER MD G770 4-30-99 WR. Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** Isabell 1997 TAORMINO June, 1 1:05 am Marv /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Franklin Square Hospital Center

5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) Rosedale If Undar 24 Hrs. Baltimore If Undar 1 Yaar 8. Data of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) **Funeral** 1□ M 2□F Months Days Hours Min. 213 22 9714 Yrs. Director 69 March 4, 1928 Maryland Usual Rasidanca of Dacedent the Marylend 10a. Stata 10b. County 10c. City, Town or Location Show 10d. Inside City Limits permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryle Opperment of Heelth end Mental Hygiene. Important: If Item 27 is marked other than "natural; or itema 23a or 28a-f show any injury or other traumatic event, in Menical Examines man be notified as Maryland Baltimore Director Essex 1 Yas a No 10e, Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 929 Kinwat Avenue Essex USA Funeral 12. Was Decedant Evar in U,S. Armad Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian. Black, Whita, atc. 1 ☐ Yas 2 ☑ No If Yas, Giva 1 Navar Married 2 Married 1 ☐ Yas 2 ☐ No Specify: Specif White by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 Housewife Own Home 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meiden Sumema) Be Benjamin Dickerson Mary 2 Crouch 19a. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stete, Zip Coda) Richard J. Taormino (son) 225 Forest Hills Road Red Lion, PA. 17356 20b. Place of Disposition (Nama of 20a. Mathod of Disposition 20c. Location - City or Town, Stata cemetary, crematory or other place) 1 XBurial 2 Cramation 3 Ramoval from Stata Sacred Heart of Jesus 6/3/1997 4 ☐ Donation 5 ☐ Othar (Specify) Baltimore, Maryland 21. Signature of Punaral Sarvice Licansee 22. Name and Addrass of Facility Bruzdzinski Funeral Home PA 1407 Old Eastern Ave Essex, Maryland 21221 23a. Part1. Enter the disease, or complications the caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intervel Betwaan Onsat and Deeth **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) 10 years a Severe Chronic Obstructive Pulmonary Disease Examiner Dua to (or as a consaguanca of): Examine Respiratory Failure sician and burial-transit The law requires that the death certificate be executed Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Cause (Diseesa or Injury that initiated events rasulting in death) Last Due to (or es a consequance of): physician s tha buria Physician/Medical Dua to (or as a consequanca of): 9 USB Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobecco use contribute to the cause of death? -3 Probably 4 ☐ Unknown signed t Lung Cancer, Coronary Artery Disease, þ 24b. Ware autopsy findings available prior to pege 2 should 24a. Was an autopsy performed? Rheumatoid Arthritis, Hypothyroidism, complation of causa of death? Osteoperosis 1 TYas 2DANO 1 ☐ Yas 2 ☐ No certificate director Be 25. Was case refarred to medical axaminar? 28. Place of Death (Check only ona) axaminar? Hospital: 2 ER/Outpatient 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 S L 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Naturel 5 Pending invastigation 1 Yas 2 No 2 Accidant

Box 68760. P.O. Records, of Vital nding Physician: o noisivia in by

altimore, Maryland 21215-0020

State Registrar

Medical

Ronald attacases MD. 30. Nama end addrass of person who complated cause of death (Itam 23a) (Type, Print)

6 Could not be

3 Suicida

29e. Cartifier

4 Homicida

(Check only

29b. Signature and titla of certifiar

Ronald Attanasio M.D. 1012 Old North Point Road Baltimore, Maryland 21224
31. Data fillad (Month, Day, Year)

JUN 0 5 1997

28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Spacify)

Certifying Phyelcian: To the best of my knowledge, death occurred at the time, data and place, and due to the ceuse(s) end mennar es stated.

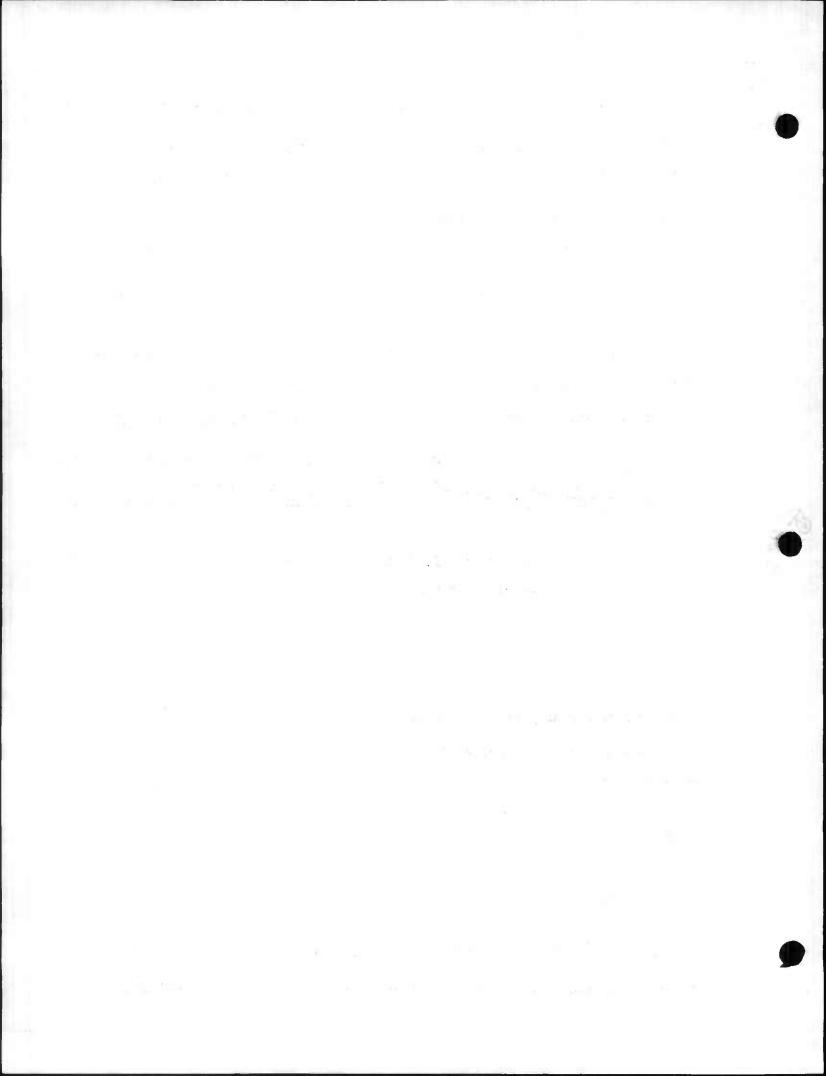
| Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the ceuse(s) and manner stated.

D28097

29c. Licansa number

281. Location (Street end Number or Rural Routa Number, City or Town, Stata)

29d. Data signed (Month, Day, Year)

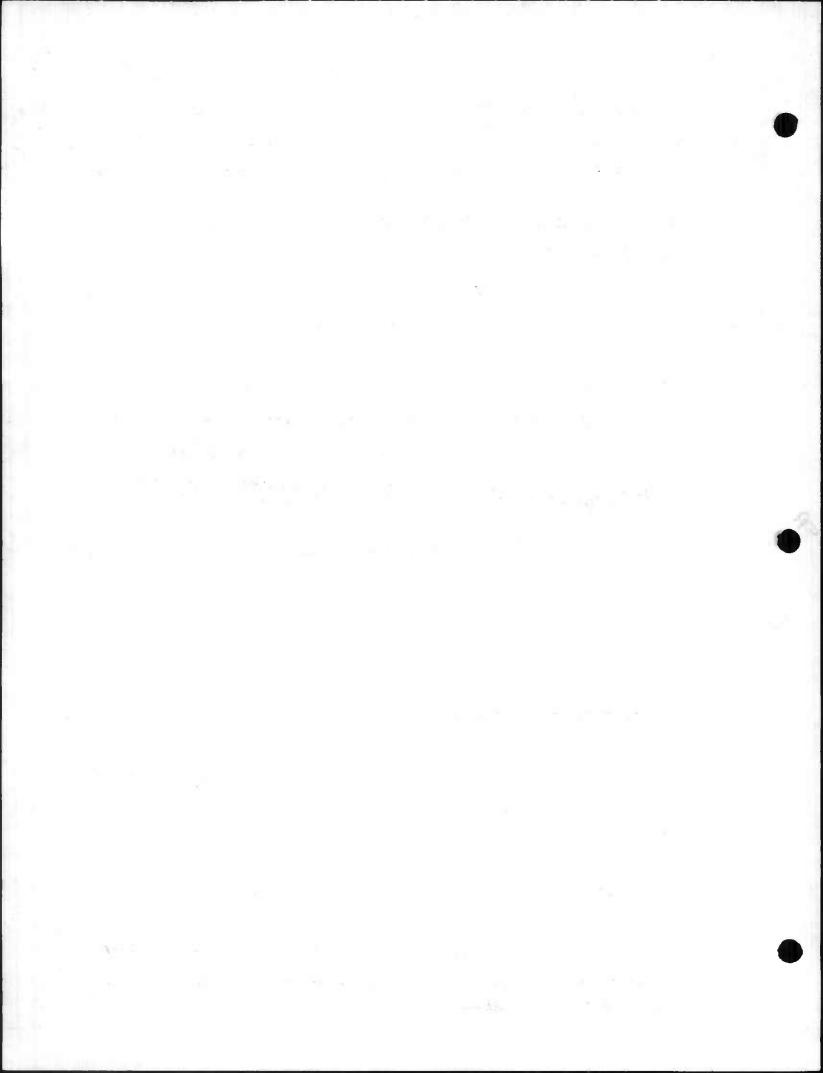


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

16952

| Completed by Funeral Director | a. Fecility Name (If not Institution, gives St. Agnes Hospita Social Security Number 6.5 | we street end number) al Sex 1 M XXF 7. Age more | 10c. City, Tow | Yrs. | If Under 1 Year Months Deys | r If Under 24 H | imore | Dey leth 4c. County N, | Yaer 1997 y of Deeth /A 9. Birthp Coun | 3. Time of Death Q . 26 Diece (State or Foreitry) | | | |
|-------------------------------|--|--|----------------------------------|----------------------|--------------------------------------|---------------------------------------|---------------------------------|-----------------------------------|---|---|--|--|--|
| by Funeral Director | St. Agnes Hospital Social Security Number 6.5 213-34-0073 Suel Residence of Decedent Da. Stete 10b. County MD. Balting De. Street end Number 2007 Helmsby Road 1. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced | Al Sex 7. Age To Market To | 60 10c. City, Tow | Yrs. | Months Deys | Balt | imore | N, Birth Dey, Year) | /A 9. Birthp | iece (Stete or Foreitry) | | | |
| by Funeral Director | Social Security Number 213-34-0073 suel Residence of Decedent 10b. County MD. Balting De. Street end Number 2007 Helmsby Road 1. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. Dacadent's E | To Mac Action (1) Age and the second of the | 60 10c. City, Tow | Yrs. | Months Deys | r If Under 24 H | rs. 8. Dete of to m. (Month, | Birth Dey, Year) | 9. Birthp | iece (Stete or Foreitry) | | | |
| by Funeral Director | Social Security Number 213-34-0073 suel Residence of Decedent 10b. County MD. Balting De. Street end Number 2007 Helmsby Road 1. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. Dacadent's E | To Mac Action (1) Age and the second of the | 60 10c. City, Tow | Yrs. | Months Deys | | n. (Month, I | Birth Dey, Year) | 9. Birthp | iece (Stete or Fore try) | | | |
| by Funeral Director | suel Residence of Decedent Da. Stete 10b. County MD. Baltin De. Street end Number 2007 Helmsby Road 1. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced | more | 10c. City, Tow | n or Loca | | s Hours M | 06/14, | /1936 | Cour | try) | | | |
| by Funeral Director | Da. Stete 10b. County MD. Baltin De. Street end Number 2007 Helmsby Road 1. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. Dacadent's E | more | | | ation | | 00/11 | 1500 | 6 WV | | | | |
| by Funeral Director | MD. Balting Ba | more | | | ation | | | | | | | | |
| þ | De. Street end Number 2007 Helmsby Road I. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. Dacadent's E | 12. Wes Dacedent Ev | Caton | svil | MD Baltimore Catenaville | | | | | | | | |
| þ | De. Street end Number 2007 Helmsby Road I. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. Dacadent's E | 12. Wes Dacedent Ev | Catons | more Catonsville | | | | | 1 ☐ Yes 2 ☐ | | | | |
| þ | 2007 Helmsby Road I. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. Dacadent's E | 12. Wes Dacedent Ev | | | 10f. Zip Code | | | 10g. Citizen of | What Cour | 43 | | | |
| P P | I. Maritel Stetus 1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced 15. Dacadent's E | 12. Wes Dacedent Ev | | | | 228 | | 1.5 | S.A. | .,, | | | |
| Ď | 1 ☐ Never Merried 2 ☑ Married 3 ☐ Widowed 4 ☐ Divorced 15. Dacadent's E | 12. Wes Dacedent El | or In 11 C | 42 146 | | | (Canally Van and | | ce - Americ | an Indian | | | |
| 2 | 3 ☐ Widowed 4 ☐ Divorced 15. Dacadent's E | Armed Forces? | | IS. W | Yes, specify Cul | Hispenic Origin? ban, Mexican, Pue | erto Rican, etc.) | Bie | ock, White, | | | | |
| | 15. Dacadent's E | 1 ☐ Yes 2 TNo If Yes, Give | , | 10 | ☐ Yes 🏋 No | Specify: | | Specia | y: Wh: | ite | | | |
| Complete | 15. Dacadent's E | Year or Detes: | | | | | | | | | | | |
| DE CO | , | ducation ade com <i>pleted)</i> | 16a. | . Decada (Give ki | nt's Usual Occu ind of work done | upation a during most of w ed) | rorking | 16b. Kind of B | iusiness/Inc | dustry | | | |
| Ö | Elementery/Secondary (0-12) | College (1-4or 5+ |) | | | ed) | | | | | | | |
| 1 17 | 12 | | Hoi | mema | ker | | | Own | Home | | | | |
| e '' | 7. Fether's Neme (First, Middle, Last | ") | | | | 18. Mother's N | ame (First, Midd | dle, Maiden Sumer | m <i>e)</i> | | | | |
| 0 | Clyde M. Mason | | | | | Evely | n A. Sta | aubs | | | | | |
| | 9e. Informant's Neme/Relationship (| Type, Print) | 19b | . Mailing | Address (Stree | et end Number or | Rurel Routa Nun | Routa Number, City or Town | | Coda) | | | |
| | John A. Tussing, | Jr./Husban | d 200 | 07 н | elmsby | Road Cat | onsville | e. MD. | 21228 | | | | |
| - | Da. Method of Disposition | 0-1/11-0-0 | | | ition (Nama of etory or other ple | | Data | 20c. Location | | wn. Stata | | | |
| | 1 Buriet 2 ☐ Cremetion 3 ☐ | | | | s Cemet | | | Ellicot | | | | | |
| | 4 ☐ Donetion 5 ☐ Othar (Special | | St. 00 | | | | 0/3/9/ | ETTTCOC | L CIL | y, MD. | | | |
| 2 | Signetura H. Funaral Service Licer | nsae | | 22. I | Name end Addr | ess of Facility | uneral 1 | Home, Inc | C | | | | |
| | Hadles | Harles | | | | | | | | 28 | | | |
| 2 | 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each lina. | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| tr | nmediete Ceuse (Finel | PCI | SHOOMEN | (RDAN | NOUS COI | TTTC | | | 2 | D | | | |
| di re | iseese or condition esulting in death) | a. | CODOPIER | IDKAN | 1002 COT | 11112 | | | 3 | Days | | | |
| 5 | | D | Due to (or es e consequance of): | | | | | | | | | | |
| Examiner R ≠ G | | b | | | , | | | | | | | | |
| X S | equantially list conditions, eny, laeding to immediete ause. Enter Underlying euse (Disease or injury let initieted events | D | ue to (or es e | conseque | enca of): | | | | | | | | |
| 10 C | ause. Enter Underlying euse (Disease or injury | C | | | | | | | | | | | |
| n/Medical | net initieted events esulting in deeth) Last | C. — Due to (or es e consequenca of): | | | | | | | | | | | |
| E S | | d | | | | | | | | | | | |
| an | | u . | | | | | | | | | | | |
| O P | ert II. Other significant conditions of | contributing to death but | not resulting in | n the und | lerlying causa g | iven in Pert I. | 23b. Di | ld tobacco use co | ontribute to | the cause of de | | | |
| Physicia | 0 | D. | | | | | 11 | Yes 2 No | 3 Prof | bably 4 Unkr | | | |
| by | Coronary Arter | y Disease, | Modera | te | | | - | | | | | | |
| | | | | | | | 24e. W | as en autopsy | 24b. We | ere autopsy tindin eilebla prior to | | | |
| | | | | | | | . ре | rformed? | COI | mpletion of cause daeth? | | | |
| Completed | | | | | | | 3 | | 1 | , | | | |
| | | | | | | | | Yes 2□No | 10 | Yes 2□ No | | | |
| 110 | 5. Was case referred to medical exeminer? | Heepital: f | | | 10 | | eath (Check only | y one) | | | | | |
| ၉ | 1 □ Yes 2 No | Hospital: Inpatient | 2 □ ER/Ou | tpatient | 3LI DOA | | | esidenca 6 🗆 Ott | | () | | | |
| G 27 | /. Menner of Death Solution | 28e. Dete of Injury (Month, Dey | | Time of njury | 28c. Inju | iry et ork? | 28d. Describ | e how injury occu | rred | | | | |
| a | 2 ☐ Accident Investigation | | | | M 1 | Yes 2□No | | | | | | | |
| Ĕ. | 3 Suicide 6 Could not b 4 Homicide datarminad | | - At homa, fa | ım, stree | t, factory, office | 4 | | n (Street end Num Town, Stete) | ber or Rura | I Route Number, | | | |
| Certification: | 4 <u> </u> | bunding, etc. | (Specify) | | | | Ony or a | own, oldio, | | | | | |
| 6 2! | Pa. Certifier Cartifying Ph | ysician: To the best of | my knowledga | , daath c | occurrad at tha t | ime, date end ple | ca, end due to th | ne ceuse(s) end m | annar es si | lated. | | | |
| | (Check only 2 Medical Exar | ninar: On the besis of e | xeminetion en | d/or inve | stigetion, in my | opinion, daath oc | currad et the tim | e, dete end pleca, | , and due to | the ceuse(s) | | | |
| o | 9b. Signature end title of certifier | // | | | 29c. Licer | nse number | | 29d. Date signe | ed (Month. | Dev. Year) | | | |
| | | 1 | . 0 | | | | | | | | | | |
| | 1 1 | V + - 11 | A 45 TO 1 | | | | | | 100- | | | | |
| ₹ 29 | U | Luan | W | | | 041843 | | June 2, | 1997 | | | | |
| 30 | D. Nema end eddress of person who | | | | rint) | | | | | | | | |
| 30 | Dr. Ann E. Reed | | lealthC | | rint) | | e Balti | | | | | | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| _ | | Decedent's Neme (First, Middle, Les | state of Maryl | | ertificate of | | | Reg. No. | 97 | 1 6 9 5 3 |
|--|-----------------|---|---|------------------------------------|--|---|---|--------------------------------------|-----------------------|---|
| Physic | | | | HUNE | | | Month | Dey | Yeer | |
| /Medi | | EDNA MAE 4e. Fecility Neme (If not institution, give | | TONE | | 4b. City, Town, or | JUNE Location of Deeth | 3, 199 | | 3:25 a.m. |
| Exami | ner | Stella Maris | | | | Towson. | | , | imore | |
| Funeral | | 5. Sociel Security Number 6. Se | 7. Age (In s | rs. last birthda | If Under 1 Yea | | 8. Dete of Bird | | | ne (State or Foreign |
| Director | | 215-05-1504 | □M 2⊠F 89 | Yrs. | Months Dave | Hours Min. | | y, Year) 8, 1908 | New | ce (Stete or Foreign /) Jersey |
| ylend | | 10e. State 10b. County | 10c. | City, Town or | Location | | | | 10d | I. Inside City Limits |
| Mar Mar | ţċ | Maryland Balt | imore | | | Edgeme | *** | | | 1 ☐ Yes 2€No |
| r 28 | Director | 10e. Street end Number | LINOTE | | 10f. Zip Code | rageme | | 10g. Citizen of V | Vhet Country | 17 |
| h wii | a D | 7220 Bay Front Ro | oad | | | 21219 | | United | States | |
| dee | Funeral | 11. Marital Status | 12. Wes Decedent Ever in Armed Forces? | 1 U,S. 1 | 3. Wes Decedent of if Yes, specify Cul | | | | e - American | Indien, |
| should be filed within 72 hours efter deeth with the Marylend Administrated orbits than "natural", or items 23s or 28s-f show imaric event, the Macical Examiner man be portified at | by | 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced | 1 Tes 2 No If Yes, Give Yeer or Detes: | | 1 ☐ Yes 2⊠ No | | to Alcan, etc.) | Specify | k, White, etc Whit | |
| d within 72 hours eff giene. or than "natural", or in the Medical Exam | Completed | 15. Decedent's Edu | ucation | 16e. De | cedent's Usuel Occu | petion | | 16b. Kind of Bu | | |
| hin 7 | ple | (Specify only highest grad Elementary/Secondery (0-12) | College (1-4or 5+) | (Gi | ve kind of work done . DO NOT use retire | during most of wo | rking | | | |
| gien gien | 00 | 6 Years | | Hous | sekeeper | | | House | ekeepi | ng |
| be filled tel Hygi d other event, | Be | 17. Fether's Neme (First, Middle, Last) | | | • | 18. Mother's Na | me (First, Middle, | | | |
| | 10 | Leon D. Stebbing | | | | Hanna | h R. Ewa | n | | |
| 2 should and Men is marke aumetic | | 19e. Informent's Name/Reletionship (T | | 19b. Me | illing Address (Stree | t end Number or Ru | ural Route Numbe | er, City or Town, | State, Zip Co | ode) |
| 1 and Heeith em 27 ther tr | Н | Daniel D. Thune/S | Son | 2111 | Alma Ave | enue Edg | emere, M | D 2121 | 9 | |
| 800 | | 20e. Method of Disposition 1 Buriel 2 □ Cremetion 3 □ f 4 □ Donetion 5 □ Other (Specify, | Removel from Stete | cemetery, c | position (Neme of rematory or other plants | | Date | 20c. Location - | | |
| permit. Peg Department Important: If any Injury o | | 21. Signature of Falerel Service Licens | 1710 | | Mem. Pk. | | 6/1997 | Balti | more, | MD |
| permit. Departra Imports any inju | | | - () n | T | Juda-Ruck | Funeral | Home of | Dundalk | . Inc. | |
| 700 | | 23a. Part1. Enter the disclasse, or comp shock, or heart fathers. List only o | s. Kur | | 7922 Wise | Ave. Du | ndalk, M | aryland | 2122 | pproximete |
| Physician /Medical Examiner but physician examiner the privat | edical Examiner | Immediate Ceuse (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest | b. Due to | o (or es e cons o (or es e cons | equence of): | CA | | | | |
| 0.8 | | resulting in deetily Lost | d | | | | | | | |
| Jeath e etter | Cla | Pert II. Other significant conditions con | atribution to double but not u | and the state of | | and David | ant plus | | | |
| requires that the death cer been signed by the ettendin should be deteched for use | Physician/N | Port II. Other significant conditions con | imbuting to death but not r | esuiting in the | underlying cause g | ven in Pert I. | | res 2□No | 3 Probat | ne causs of death? |
| es th | þ | | | | | | | | | |
| ₹ 50 01 | Completed | | | | | | 24e. Wes perfo | en eutopsy rmed? | evaile | eutopsy findings bble prior to pletion of cause ath? |
| The lew requires that hes been signed page 2 should be | E | | | | | | 101 | es 200No | | res 2□No |
| ifficat | | 25. Wes case referred to medical | | | | 36 Place of Dog | oth (Check only o | 1 | 101 | 65 2 140 |
| Physician: The le r this certificate hea aral director, page 2 | o Be | exeminer? | Hospital: 1 Inpatient 2 | ☐ ER/Outpeti | ent 3 DOA Ot | har | lome 5 ☐ Resid | | (0/4-) | HOCDICE |
| Phy or this eral o | - | 27. Menner of Death | 28e. Dete of Injury (Month, Day Year) | 28b. Time | of 28c. Inju | | 1 | ow Injury occurr | | HOSPICE |
| offing th. : Afte | ation | 1 Natural 5 Pending investigation | (Month, Day Year) | Injury | | rk?]Yes 2∐No | | | | |
| i or Atter efter dee Director d in by th | Certification: | 3 Sulcide 6 Could not be 4 Homicide determined | 28e. Plece of Injury - At building, etc. (Spe | home, ferm, s | street, fectory, office | | 28f. Location (5 City or Tou | Street end Numbern, Stete) | er or Rural R | oute Number, |
| To the Hospital or Attending Phwithin 24 hours effer deeth. To the Funeral Director: After the completely filled in by the funeral | edical C | 29e. Certifier (Check only one) Service (Check only one) | sician: To the best of my k ner: On the basis of exami end menner steted. | nowledge, dee netion end/or | eth occurred et the ti investigetion, in my | me, date end plece opinion, deeth occu | , end due to the or red et the time, o | cause(s) end me date and piece, e | nner as state | e ceuse(s) |
| o the | Me | 29b. Signeture end title of certifier | | 33 | 29c, Licen | se number | | 29d. Date signed | (Month, De | y, Yeer) |
| 6-18-0 | | ME | 7/50 | 1 | 2 | 0337 | 15 | 06 | 103 | 197 |
| 10 | | 30. Name and eddress of person who | | | (, Print) | 1111 | | | 20: | |
| V | | DR. SHIRLEY THOMPS | 4 | | DULANEY V | ALLEY RD. | TOWSON | N, MD 21 | 204 | |
| Sta | te | 31. Date filed (Worth, 1997ar) | 32. Registrer's Sig | TO THE | | | | | | |

DHMH 16 Rev 6/95

di s And the second

| 1.0 | Decedent's Name | (Eiret Mide | dio (est) | | | | Certificate o | f Deat | h | C Date of D | Reg. No. | 31 | | 695 |
|--|--|--|----------------------------|--|--|--|--|---|--|--|--|----------------------|---|--|
| an , | Thelma | | | Н. | | V | OGEL | | | 2. Date of De Month June | Day 199 | 7 Ye | ar | 3. Tima of Di 4:50 |
| F1 5. Se | Fecility Name (h ranklin Sociel Security N | Squar | e Hos | pita: | | | hdey) If Under 1 Ye | Ros | edale | | Ba1 | timo | re Birthplac | e (Stete or F |
| 21 | 18-26-90 | 151 | 1 N | 1 2 其 F | | 68 Y | rs. Months De | ys Hours | Min. | Jan. 1 | | | Country, Mary | |
| - | al Residence of | | | | 1.0 | 0: - | | | | | | | _ | |
| | aryland | Balti | | | 100. | | or Location | | | | | | 10d. | Inside City I |
| 00 | . Street end Num 00 Bruns | | Road | Apt. | 1B | | 10f. Zip Code 212 | | | | 10g. Citizer | S.A | | ? |
| Lunera 11.1 | Meritel Stetus | ed 2 Mer | nled 12. | | edent Ever i | n U,S. | 13. Was Decedent of if Yes, specify C | uban, Mexic | an, Puert | pecify Yes or No Rican, etc.) | 0- 14. | Raca - A | American Vhite, etc | |
| | 3 Widowed | | | Yeer or E | Dates: | | | | | | | | | |
| Completed | (Speci | 15. Decedar ify only highendary (0-12) | nt's Educat est grade c | tion om <i>pleted)</i> College (| | 16a. | Decedent's Usual Oct (Give kind of work doi life. DO NOT use ret | ne during mo ired) | ost of wor | king | 16b. Kind | | | try |
| 3 | , | | | | | | Housewi.fe | _ | | | | n Ho | me | |
| - | Father's Name (John Kir | | , Last) | | | | | | | Lebrun | e, Maiden Su | mame) | | |
| 19a | a. Informant's Na Lyne Vog | | ship (Type | | | 1 _ | Malling Addrass (Stre 2 South Ma | | | | ber, City or To | | te, Zip Co 1221 | ode) |
| | . Method of Disp | | | | | b. Placa of | Disposition (Name of y, crematory or other p | olace) | T | Date | 20c. Locat | tion - City | or Town | , State |
| | 1 Buriel 2 4 Donation | | | novei from | | | n Cemetery | | 6/6/1 | 997 | Balt | imor | e . l | Md. |
| 21. | Signature of Fur | ne a Service | Licansee | | | | | - Aller | | | | | | |
| | shoek, or hear | 1 failure. List | complicationly one | cause on (| each line. | | 22. Neme end Add Bruzdzin 1407 OL ot enter tha mode of c | ski Fi d East | unera tern | Avenue | Esse | ж, М | Ar | 21221 proximate lerval Betweenset end Dea |
| Imm dise resu | nedlete Ceuse (lease or condition utiling in deeth) | final | complicationly one | cause on (| each line. | rrhyt | Bruzdzin 1407 OL ot enter tha mode of c | ski Fi d East | unera tern | Avenue | Esse | ж, М | Ar Ini | proximate tervai Betwe |
| Imm dise resu Seq if an | nedlete Ceuse (I ease or condition ulting in deeth) | Final final miditions, mediate | a | cause on (| liac A | rrhyt] o (or as a c | Bruzdzin 1407 OL ot enter tha mode of o | ski Fi d East | unera tern | Avenue | Esse | ж,_М | Ar Ini | pproximate terval Betwe nset end De |
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| Imm dise resu | nedlete Ceuse (I ease or condition ulting in deeth) quentially list cor ny, leading to im se. Enter Under use (Disease or it t initiated events ulting in death) L | Final n nditions, mediate tiving injury ast | a b c d | Carc | liac A Due to | rrhyt o (or as a co o (or as a co o (or as a co | Bruzdzin 1407 ol. ot enter the mode of consequence of): onsequence of): onsequence of): | ski Fi d East lylng, such a | tern as cardiac | Avenue or respiratory to | Esse' | | 2 | proximate lerval Between set end Des Days |
| Imm diserresures Sequences Examiner Cauthat that the sequences of the sequ | nedlete Ceuse (I ease or condition ulting in deeth) quentially list cor ny, leading to im se. Enter Under use (Disease or it t initiated events ulting in death) L | Final n nditions, mediate tiving injury ast | a b c d | Carc | liac A Due to | rrhyt o (or as a co o (or as a co o (or as a co | Bruzdzin 1407 OL ot enter the mode of of hmia consequence of): | ski Fi d East lylng, such a | tern as cardiac | Avenue or respiratory & | Esse | s contrib | 2 | proximate lerval Between set end Des Days |
| by Physician/Medical Examiner Sed Examiner Can the service of the | nedlete Ceuse (I ease or condition ulting in deeth) quentially list cor ny, leading to im se. Enter Under use (Disease or it t initiated events ulting in death) L | Final n nditions, mediate tiving injury ast | a b c d | Carc | liac A Due to | rrhyt o (or as a co o (or as a co o (or as a co | Bruzdzin 1407 ol. ot enter the mode of consequence of): onsequence of): onsequence of): | ski Fi d East lylng, such a | tern as cardiac | Avenue or respiratory & | Esse arrest, | e contrib | 2 2 | proximate terval Between the set and Des Days e cause of cause of the set and Des Days autopsy find ble prior to letion of cause |
| by Physician/Medical Examiner Sed Examiner Can the service of the | nedlete Ceuse (I ease or condition ulting in deeth) quentially list cor ny, leading to im se. Enter Under use (Disease or it t initiated events ulting in death) L | Final n nditions, mediate tiving injury ast | a b c d | Carc | liac A Due to | rrhyt o (or as a co o (or as a co o (or as a co | Bruzdzin 1407 ol. ot enter the mode of consequence of): onsequence of): onsequence of): | ski Fi d East lylng, such a | tern as cardiac | 23b. Dtd 124a. Was perf | Esse arrest, | s contrib | Ar Inni Ori | proximate terval Between the set and Des Days e cause of cause of the set and Des Days autopsy find ble prior to letion of cause |
| Imm dise result Examiner Examiner Cau Cau Cau Cau Cau Cau Cau Cau Cau Cau | nedlete Ceuse (I ease or condition ulting in deeth) quentially list cor ny, leading to im se. Enter Under use (Disease or it t initiated events ulting in death) L | Final nditions, mediate thing niury | a b c d | Card | Due to | rrhyt o (or as a co o (or as a co o (or as a co | Bruzdzin 1407 ol. ot enter the mode of of hmia onsequence of): onsequence of): the underlying causa | Ski Fo d East hylng, such a given In Par | tern as cardiac | 23b. Dtd 124a. Was perf | I tobacco ue Yes 2 1 | s contrib | Ar Inni Ori | proximate provided to the cause of course of c |
| To Be Completed by Physician/Medical Examiner can that result that result and the state of the s | mediate Cause (I asse or condition uiting in deeth) quentially list commy, leading to imise. Enter Under the condition of th | Final Inditions, mediate relying injury ast cant conditions ded to medical | a b c d lons contrib | Card | Due to Due to Due to | rrhyt o (or as a co o (or as a co o (or as a co | Bruzdzin 1407 ol. ot enter the mode of consequence of): onsequence of): the underlying causa | given In Par | tern as cardiac | 23b. Dtd 1 24a. Wa: perf th (Check only) | FSSC arrest, I tobecco ue Yes 2 I i one) | s contrib No 3[| Ag Into On On On On On On On On On On On On On | proximate provided to the cause of course of c |
| To Be Completed by Physician/Medical Examiner can that result that result and the state of the s | mediate Cause (I asse or condition ulting in deeth) quentially list corny, leading to imise. Enter Under use (Disease or it initiated events ulting in daath) L III, Other algnifit Was casa raferrexaminer? 1 Yes 2 | Final Inditions, mediate thing injury ast cant conditions The product of the | a b c d lons contrib | Card | Due to Due to Due to | rrhyt o (or as a co o (or as | Bruzdzin 1407 ol. ot enter the mode of of hmia consequence of): consequence of): the underlying causa patient 3□ DOA of jury 28c. In | given In Par | tern as cardiac rt I. | 23b. Dtd 1 24a. War perf | FSSC arrest, I tobecco ue Yes 2 I i one) | s contrib No 3[| Ag Into On On On On On On On On On On On On On | proximate provided to the cause of course of c |
| To Be Completed by Physician/Medical Examiner can that result that result and the state of the s | mediate Cause (I asse or condition ulting in deeth) quentially list corny, leading to inse. Enter Under use (Disease or I initiated events ulting in death) L III. Other algnifit Was case raferrexaminer? 1 Yes 2 Mannar of Death | Final nditions, mediate thing injury ast | a b c d lons contrib | cause on a Carc | Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to Due to | rrhyt o (or as a co o (or as | Bruzdzin 1407 ol. ot enter the mode of of hmia consequence of): consequence of): the underlying causa patient 3□ DOA of lying of 28c. In lying and an analysis of 18c. In lying an analysis o | given in Par 28. Pla Other: 4 1 1 | tern as cardiac rt I. | 23b. Dtd 1 24a. Wa: perf th (Check only) ome 5 Res 28d. Describe | I tobacco use Yes 2 1 one) idence 8 1 how injury o | No 3 Other (Specured | April In In In In In In In In In In In In In | proximate lerval Between set and Days a cause of control of cause of cause of control of cause of |
| Imm dise result on the treatment of the | was casa raferr examiner? Was casa raferr examiner? Yes 2 I Accident S U U U U U U U U U | Final Inditions, mediate tying niury ast cant conditions Final Fina | a b c d lons contrib | Duting to do point in the point | Due to | rrhyt. o (or as a co o (or as | Bruzdzin 1407 ol. ot enter the mode of of hmia consequence of): onsequence of): the underlying causa patient 3 □ DOA 0 ime of 28c. in in in in in in in in | given In Par 28. Pla Other: 4 1 | tern as cardiac as cardiac as cardiac as cardiac | 23b. Dtd 12 24a. Was perf th (Check only ome 5 Res 28d. Describe 28f. Location City or To | I tobacco ue I Yes 2 I I one) idence 8 I how injury of (Street and N wn, State) | No 3 Other (Specured | April | proximate lerval Between set and Days Days e cause of control of cause of cause of control of cause of control of cause of cause of control of cause of c |

State Registrar

Funeral Director

permu. Pages 1 and 2 should be filed within 72 hours after death with the Marylend Department of Health and Mental Pyglene. Important if item 27 is marked other than "natural", or items 23a or 28a-1 show any injury or other traumatic event, the Medical Examiner must be notified at once

Physician /Medicai Examiner

Physician: The law requires that the death certificate be executed this certificate has been signed by the attending physician and real director, page 2 should be detached for use as the burial-transit

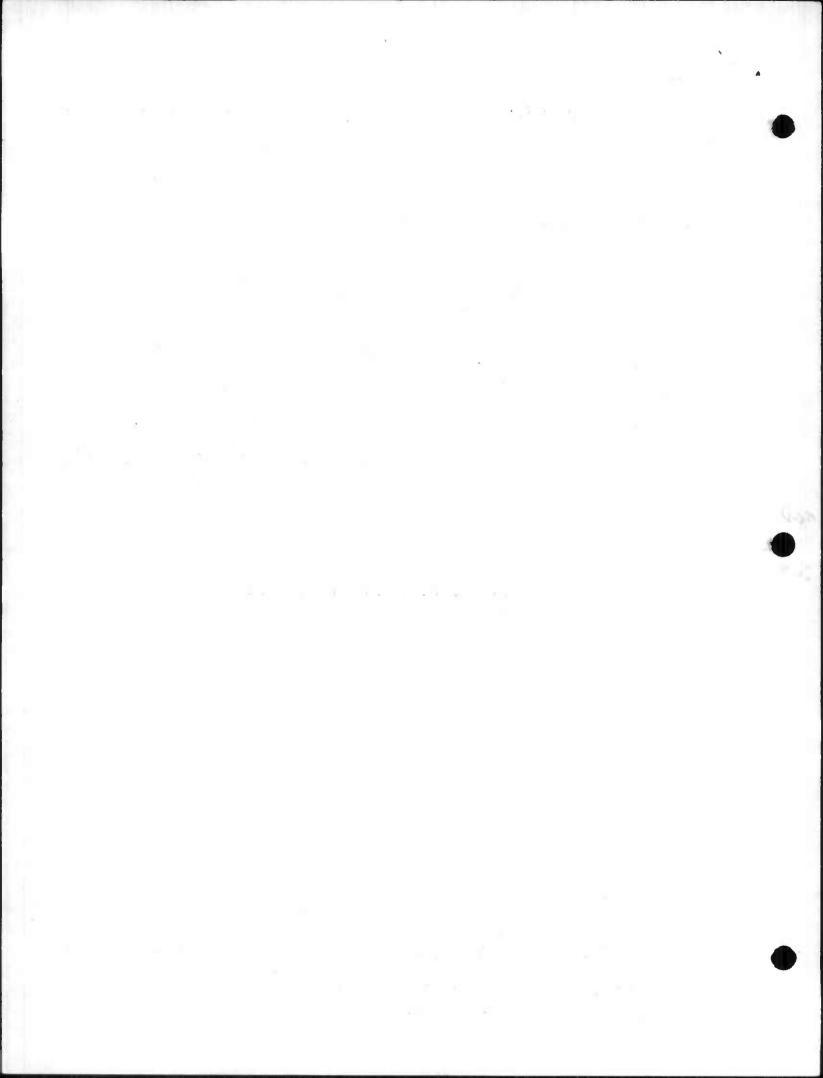
Olvision of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

31. Date filed (Month, Day Year) JUN 0 5 1997

To the Horpit within 24 hour To the Funan-completely the

| | | ITEM: 23a per DR. G-748 | State of Marylar 6-5-97 eoh | | artment of H tificate of L | | | iene (| 97 | 6955 |
|---|------------------|--|---|--|---|---|---|-------------------------|--------------------------------|---|
| Physician | n | 1. Decedent's Name (First, Middle, Last |) | | | | 2. Date of Deal Month | th Dey | Vace | 3. Time of Death 8 - 05 PM |
| /Medica Examine | | 4a. Facility Name (if not institution, give | | | . 4 | b. City, Town, or | Location of Deeth | 4c. County | | 7 5 5 |
| Funeral Director | | 5. Social Security Number 6. Security Number 1. Control of S | 7. Age (in yrs. 73 | last birthdey) Yrs. | If Under 1 Year Months Deys | if Under 24 Hr Hours Mir | s. 8. Dete of Birth | Year), | 9. Birthplac Country | e (State or Foreign |
| Maryland la-f show | ctor | 10e. Stete 10b. County | | y, Town or Lo | | | | | 10d. | Inside City Limits |
| h with th | Funeral Director | 10e. Street and Number 5510 Lynu/8 | in Aus | | 10f. Zip Code | 2/1 | 1 | Og. Citizen of N | Whet Country | ? |
| urs e | 2 | 11. Maritel Stetus 1 Never Married Merried 3 Widowed 4 Divorced | 12. Wes Decedent Ever In U Armed Forces? 1 No If Yes, Give Year or Dates: (JU) | _ . | Vas Decedent of Hi I Yes, specify Cube □ Yes 2 No | spanic Origin? (n, Mexican, Pue Specify: | Specify Yes or No- rto Rican, etc.) | | e - American ck, White, etc | |
| d 21215-0020 filed within 72 hours of Hygiene. ther than "natural, or inf, the Medical Exam | Completed | 15. Decedent's Edu (Specify only highest grad Elementary/Secondary, (0-12) | cation e completed) College (1-4or 5+) | (Give | lent's Usual Occupa kind of work done of DO NOT use retired | uring most of w | and days | 16b. Kind of B | usiness/Indus | |
| Maryland 212: 42 should be filed withling and Mental Hygiene. 7 is marked other than traumado event, trail. | To Be C | 11211 | os, Se. | | | NEA | ame (First, Middle, 1 48 Ou | ions | | |
| Pages 1 and nent of Haalth nut: If New 27 ary or other th | | 19a. Interment's Name/Relationship (T) 20a. Method of Disposition 1 Burlel 2 Cremation 3 F 4 Donation 5 Other (Specify) 21. Signature of Funeral Service Ligans | Wife 20b. F. temovei trom State | Place of Dispo cemetery, cren | sition (Name of netory or other pleo | SIEW F. | 6/5/97 | 20c. Location - | City or Town | , State |
| Physician /Medical | | 23a. Parti. Enter the disease, or complete or heart tailure. List only of immediate Cause (Final disease or condition | | h. Do not ente | ATTIMO | such as cardio | | | in | pproximete terval Between nset and Deeth |
| box bo / bu, leath certificate be assecuted attending physician and I for use as the burial-transit | lcal | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last | DUE TO SUBLOT | or as a conseq TAL GRAN or as a conseq or es e conseq | ULATION TIS | SUE AND E | DEMA | | | |
| hat the death certific ed by the attending p datached for use as | nysiciai | Pert II. Other significant conditions con LEFT CERES RO-W | | | | | | obacco use co | ntribute to th | ne cause of death |
| \$ 50 P | 2 | | DIAL INFARC | | | .EFî | 24a. Was a perion | | availa | autopsy tindings bie prior to letion of cause |
| ata hage | | VENTRICLE DYSFUNC 25. Wes case referred to medical examiner? | now, RESIPIRE | MORY F | AILURE (OI | | LUATOR) TY | -/ | ot dei | es 2□No |
| Attending or death. | | 27. Manner of Death 1 Naturai 5 Pending 2 Accident investigation 3 Suicide 6 Could not be 4 Homicide | 28a. Dete of trijury (Month, Day Year) 28e. Place of trijury - At he building, etc. (Specif. | 28b. Time of Injury | 28c. tnjury Work M 1 🗆 ` | - Indiani | Home 5 ☐ Reside 28d. Describe he 28f. Location (Si City or Town | ow injury occur | red | Toute Number, |
| To the Hospital or within 24 hours after To the Funeral Din completely filled in Madical Cert | | | nictan: To the best of my kno ner: On the besis of examine and manner stated. | | | | | | | |
| To the within To the compl | Me | 29b. Signeture end title of certifier | ATTEND | | | 5610 | | 9d. Date signe Tu~E. | | |
| State | 9 | 30. Neme and address of person who or LEVINDALE 24: 31. Detertied (Month Pary Year) | | | Print) SET | BALT BALT | - 0 | MD 2 | 1215 | |



| tate | OT | Maryland / | Department | of Health | and | Mental | Hygien |
|------|----|------------|-------------|-----------|----------|--------|--------|
| | | | Cartificate | of Docati | <u>-</u> | | |

Certificate of Death 2. Date of Deeth

1997

4c. County of Death

10a. Citizen of What Country?

14. Race - American Indian, Black, White, etc.

Specify: Black

Steel Industry

20c. Location - City or Town, Stete

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yas 2 ☑ No 3 ☐ Probably 4 ☐ Unknown

Approximate Interval Betw Interval Between Onset and Death

24b. Were eutopsy findings available prior to completion of ceuse of death?

1 Yes 2 No

Baltimore, MD

16b. Kind of Business/Industry

USA

JUNE 1,

4b. City, Town, or Location of Death

| Physician /Medical Examiner |
|-----------------------------------|
| Funeral |

Larry James Wilson, Sr. 4e. Facility Name (If not institution, give street end number) 941 COLLINGTON STREET 5. Social Security Number

1. Decedent's Neme (First, Middle, Last)

7. Age (In yrs. last birthday) M 20 F 51 Yrs.

12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates:

College (1-4or 5+)

· Gunshot Wound

10c. City, Town or Location

Baltimore

10f. Zip Code

Laborer

20b. Place of Disposition (Name of cemetery, crematory or other place)

BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Davs Hours Min. (Month, Day, Year) Days

21231

1 ☐ Yes 2 No Specify:

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

Metro Crematory, Inc. 6/4/97

Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.)

N/A 1, 1945

18. Mother's Name (First, Middle, Maiden Surname)

Edna Wilson

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

22. Name and Address of Facility Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228

3432 Howell Ct. Abingdon, MD 21009

 Birthplace (State or Foreign Country) Maryland

10d. Inside City Limits

Yes 2 No

12:25 pm

Director

with the Maryland Director Funeral by

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Completed Be

Pages 1 and 2 should be filed within 72 hours after death neat of Health and Mental Hyglene.
In: If Hear 27 Is marked other than "natural", or Hems 23.
It of the fraumatic event, it is Neates Exertice from

Baltimore, Maryland 21215-0020 permit. Page Department of Important: If any Injury or once.

> **Physician** /Medical Examiner

bunai-transit The law requires that the death certificate be executed the as use page 2 should be detached certificate Hospital or Attending Physician: this After

P.O. Box 68760.

Records,

Division of Vital

Examiner Physician/Medical þ Be Completed Certification: To s after deeth. filled in by To the Hospital within 24 hours a To the Funeral D completely filled Medical

212-44-5202 Usuel Residence of Decedent 10a State 10b. County MD N/A 10e. Street and Number 941 N. Collington St. 1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 🗓 Divorced 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) 17. Father's Neme (First, Middle, Lest) UNK. 19a. Informant's Name/Relationship (Type, Print) Larry J. Wilson, Jr./son 20a. Method of Disposition 1 ☐ Burial 2 XCremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee

Daten McDonald 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

1 Yes 2 No 27. Manner of Death 1 Naturel

29a. Certifier

25. Was cese referred to medical Hospital: 1 ☐ InpatienI 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 5 Pending Investigetion 6-1-97 2 Accident 3 ☐ Suicide 4/2 Homicide

6 Could not be determined

28b. Time of 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1220 p M

Due to (or as a consequence of)

Due to (or es a consequence of):

Other: 4 Nursing Home 5 X Residence 6 Other (Specify) 28c. Injury at Work? 1 Yes 2 No

Location (Street and Number or Rural Route Number, City or Town, Stete) 941 Colling for 54. Bultimore, MD 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end manner as stated.

2 Madical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, dete and plece, and due to the cause(s) and manner stated.

28. Place of Death (Check only one)

24a. Wes an eutopsy performed?

1 Yes 2 □ No

28d. Describe how Injury occurred

subject shot

O.C.M.E.

29c. License number

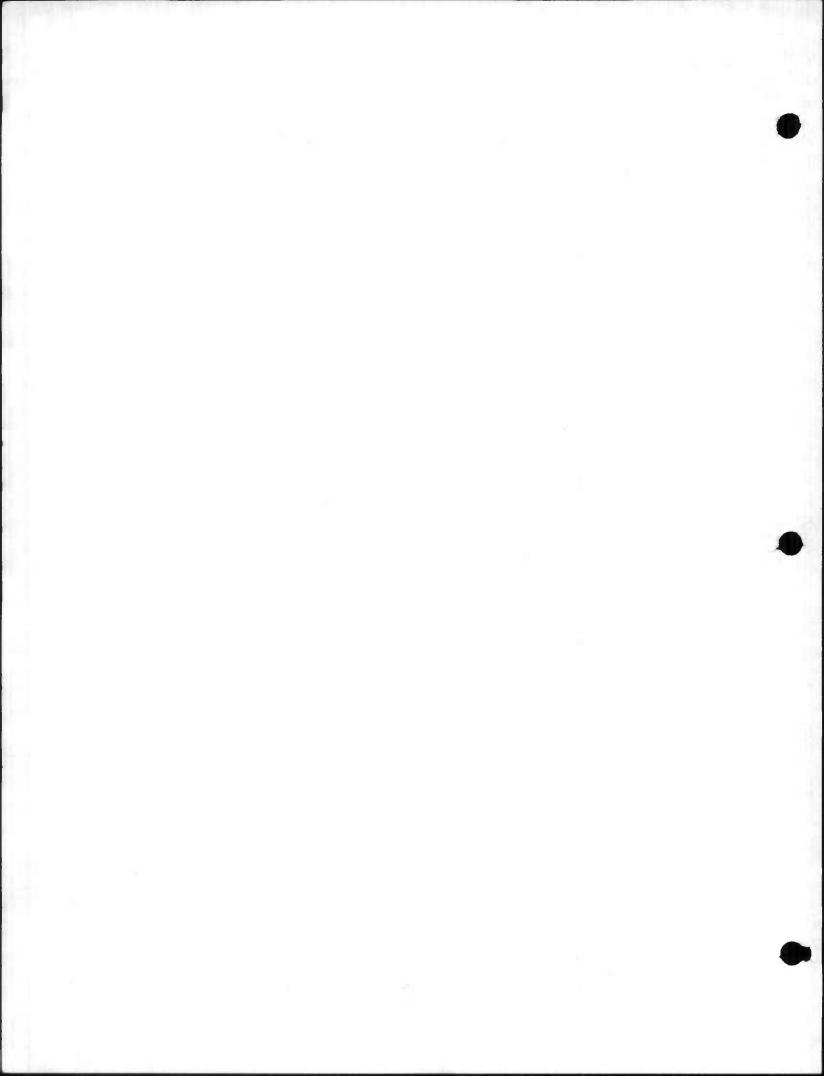
29d. Date signed (Month, Day, Year) JUNE 2, 1997

30. Name end address of person who completed ceuse of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

29b. Signature and title of certifier

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death LAWRENCE WILLIAMS 6:04 AM 6 4a. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Death BAUT. CLTY BACT. CITY UNIVERSITY OF MD MEDICAL CENTER 7. Aga (In yrs. last birthday) If Under 1 Year | Months Days 5. Social Security Numbar If Undar 24 Hrs. 6. Sax 8. Data of Birth (Month, Day, Year) Birthpiaca (Stata or Foreign Country) Months 1X M 2□ F Hours 220-82-5494 March 25,1960 Usual Residence of Decedant 10b. County 10c. City, Town or Location 10d. Insida City Limits N/A Baltimore Yas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1624 N. Bentalou Street 21216 U.S.A. 12. Was Decedant Evar in U,S. Armed Forcas? 11. Marital Status 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian. Black, Whita, atc I ☐ Yas ♣ No If Yas, Giva 1 Navar Marriad 2 Married 1 ☐ Yas 2 ☐ No Specify: Black Specify: 3 Widowed 4 Divorced Yaar or Datas: 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collaga (1-4or 5+) Ace Auto High School Mechanic 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Lawrence C. Williams SR. Lois Ann Savage 19a. Informant's Name/Ralationship (Type, Print) father 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Lawrence C. Williams SR. 1624 N. Bentalou Street Baltimore, MD. 21216 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 Surial 2 ☐ Cramation 3 ☐ Ramoval from State June 6 Anne Arundel County, MD 4 ☐ Donation 5 ☐ Othar (Specify) St. Rest Cemetery 22. Nama and Addrass of Facility Nutter Funeral Homes, Inc. 21. Signatura of Funarai Sarvica Licansas 2501 Gwynns Falls PKWY Baltimore, MD. 21216 erliect 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death Immediata Causa (Final disaasa or condition rasulting in daath) SEPTIC SHOCK WITH SEVERE HYPOTENSION 36 HOURS Dua to (or as a consequence of): DISSEMINATED HISTORIASMOSIS 2 WEEKS Dua to (or as a consequance of): HUMAN IMMUNODEFFICIENCY VIRUS INFECTION UNKNOWN Dua to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 22 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of causa of death?

Physician /Medical Examiner

Department of Health Important: if Item 27 any Injury or other tr

Physician

/Medical

Examiner

10a. Stata

MD.

Director

Funeral

þ

Completed

Be

2

Funeral

Director

r flems 23a or 28a-f show

Pages 1 end 2 should be filed within 72 hours after nent of Health end Mental Hygiene. int: if Item 27 Is marked other than *natural; or Ite

Baltimore, Maryland 21215-0020

Box 687

P.0.

Division of Vital Records,

the Maryland

Physician/Medical Examiner Sequantially list conditions, if any, laading to Immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting In daath) Last USB

à

Completed

Be

Certification: To

Medical

State

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 ☐ Yas 2 No 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 27. Mannar of Death 28b. Tima of injury 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred Naturai 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 4 Homicide 29a. Cartifiar

or Attending Physician: The law requires that the death certifical this After ofter death Director: the filled in by 124 hours e Hospital completely To the I within 2 To the F

(Check only one)

Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and titla of certifiar

29c. Licansa number

29d. Data signed (Month, Day, Year)

RESIDENT PHYSICIA

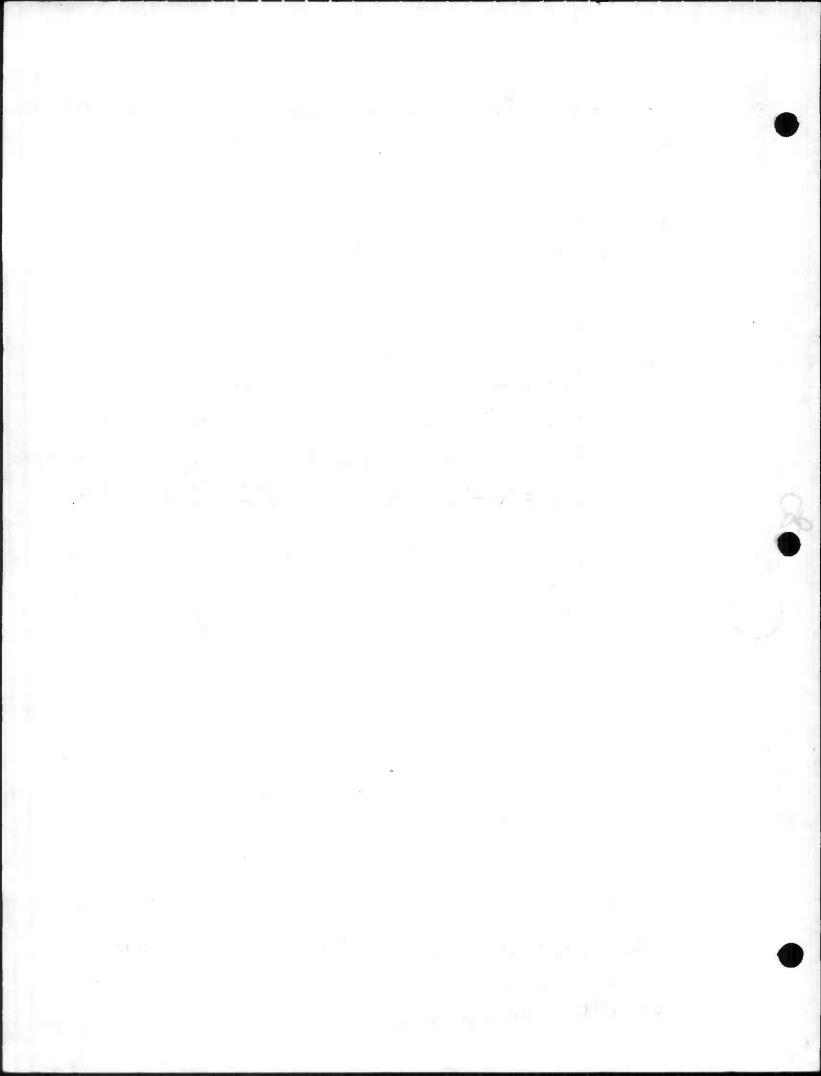
110290

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

J OSEPH SHIBER JUN 0 5 1997

32: Registrads Signatura what davidson

Registrar DHMH 16 Rev 6/95

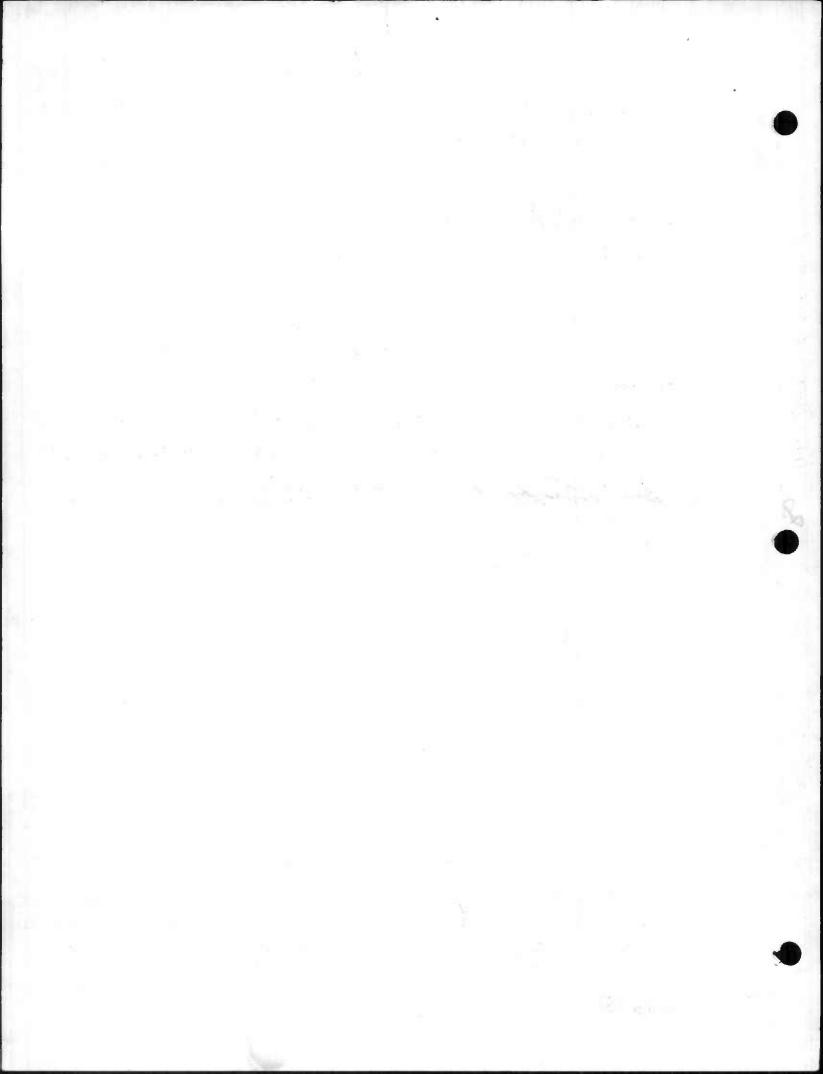


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month CI 1997 4b. City, Town, or Location of Deeth ae /Medical 4e. Fecility Neme (If not institution, give street and number) 4c. County of Deeth Examiner If Under 24 Hrs. 8. Dete of Birth Hours Min. Feb 79 Lorien Riverside Nursing & Rehab. Center Harford 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** 9. Birthplece (State or Foreign Year) 920 1□M 25√F Deys Virginia 225 36 3747 77 Director Usual Residence of Decedent the Maryland 10e Stete 10b County 10c. City, Town or Location 10d. inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic avent, the Medical Examinet must be notified at Director 1√ Yes 2 No Maryland Baltimore 10f. Zip Code 10e. Street end Number 10g. Citizen of Whet Country? 954 Quantril 21205 USA Way Funerai 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11. Maritai Status 1 Never Merried 2 Married Specify: White 1 ☐ Yes 2 No Specify: þ 3 □ Widowed 4 □ Divorced Completed 15. Decedent's Education 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) Pages 1 and 2 should be filed within tent of Heelth end Mental Hygiene. College (1-4or 5+) Elementery/Secondery (0-12) Housewife Own Home Maryland 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Billy Lane Rosa Rhoton 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 206 Highland Road Belair, Maryland 21014 Patricia McBride (Daughter) other 20b. Place of Disposition (Name of cametery, cremetory or other place)
Holly Hill Mem Gardens 6/5/97 20a. Method of Disposition Dete 20c. Locetion - City or Town, Stete 1 Buriel 2 Cremetion 3 Removel from State Department of important: If any Injury or once. Baltimore County, Md. 4 Donetion 5 Other (Specify) 21. Signifful of Funeral Service Liceantic 22. Neme end Address of Fecility Bruzdzinski Funeral Home PA 1407 Old Eastern AVe Essex, Maryland 21221 234. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical immediate Ceuse (Finel disease or condition resulting in deeth) Examiner Examiner Hospitation Attending Physician: The law requires that the death certificate be executed a hours after death. the burial-transit Sequentielly ilst conditions, if eny, leeding to Immediate cause. Enter Underlying Couse (Diseese or Injury that Initiated events resulting in deeth) Lest and Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, ettending physicien Physician/Medical Due to (or as a consequence of): been signed by the e should be detached anditiona contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown by Completed 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? certificate 1 Yes director, 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Medicai Certification: To 2 No Other: 1 Yes 1 Inpatient 2 ER/Outpetlent 3 DOA ursing Home 5 Residence 6 Other (Specify) this 27 Menner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of -28c. Injury 28d. Describe how injury occurred After Neturei 5 Pending Investigation Accident 1 Yes 2 No Director 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 - Homicide To the Hospital within 24 hours a To the Funeral Completely filled. Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) 29a, Certifier 29b. Signati) 29c. License number 29d. Dete signed (Month, Dey, Year) of death (Item 23a) (Type, Print)

DHMH 16 Rev 6/95

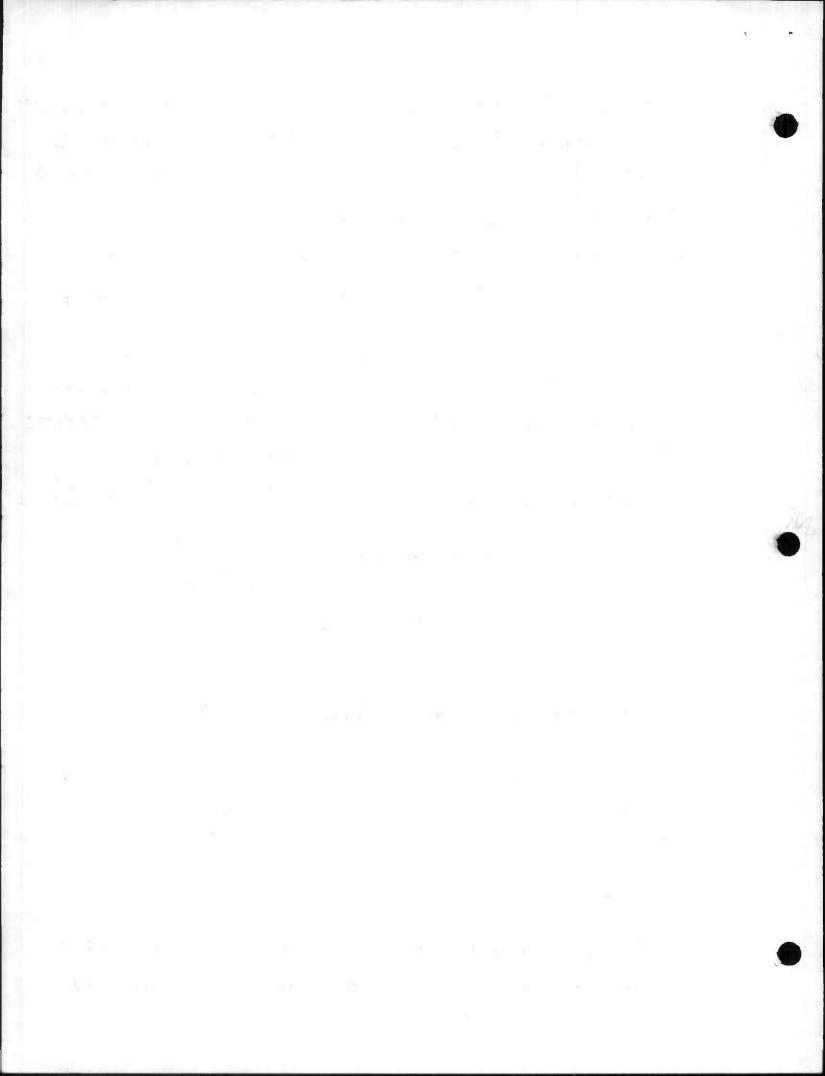
State Registrar



State of Maryland / Department of Health and Mental Hygiene 9 7

| | | | | | Certificate | of Death | | Reg. No. | | |
|--|------------------|---|---|---|---|---|---------------------------------------|------------------------------------|------------------------------------|---|
| Physicia: /Medica | | 1. Decedent's Neme (First, Middle, La KARL | _ | JACH 1 | ER | | 2. Dete of Dec Month | | Voor | 8:15A1 |
| Examine | _ | 4e. Facility Name (If not institution, gin | ve street and nu | | | 4b. City, Town, or | Location of Deeth | 4c. County | | 0 ,011 |
| Funeral Director | 1 | | Sex 1 <mark>%</mark> M 2□ F | 7. Age (In yrs. last I | yrs. If Under 1 Months [| Year If Under 24 Hrs Deys Hours Min. | | by, Year) 6, 1941 | 9. Birthplece Country) MARY | (State or Foreig |
| with the Maryland a or 28a-f show Libe nutified at | ctor | 10e. Stefe 10b. County MD BALT | rimore | | wn or Location UN DALA | K | | | | Inside City Limit |
| me 23a or 2 | Funeral Director | 1901 SCARLO | | OAD | 10f. Zlp Co | 21222 | | 10g. Citizen of V | - 1º | |
| , a | Ω | 11. Marital Stetus 1 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. Was Deci Armed Fo 1 Tes If Yes, Gir Yeer or D | 2 No | 13. Was Deceder If Yes, specify 1 ☐ Yes 2 ☑ | it of HispenIc Origin? (S Cuban, Mexican, Puerl No Specify: | pecify Yes or No- o Rican, etc.) | | ca - American I ck, White, etc. | |
| within 72 jane. | Completed | 15. Decedent's E (Specify only highest gradient of the secondary (0-12) | ducation ade completed) College (1 | I-dor 5+) | e. Decedant's Usuel ((Give kind of work of kind) (Ifa. DO NOT use) (Ifa. DO NOT use) | done during most of wor retired) | | 16b. Kind of Br | | ry |
| merked other matic event, | o Re C | 17. Fether's Neme (First, Middle, Last EDMUND 7 | | ACH TE | R | 18. Mother's Nar | ne (First, Middle, | | KOW | SKI |
| Haaith er em 27 is other trau | | 19e. Informent's Neme/Ralationship (MARIE WAC) 20e. Method of Disposition | (Type, Print) HTER- | MOTHER 20b. Place | 1901 So of Disposition (Name | Street and Number or Ru | Porta Number | 0 1 | JC, M. | d ZIZZZ |
| nent o | | 1 Buriel 2 Cremetlon 3 4 Donetion 5 Other (Special Signature of Funeral Service Lice | fy) | State ST. | | AUS COM. | | BALT | 0. 1 | nD. |
| Departr Departr Imports any inji | | arthous | C. | Connell | 4 7110 5 | Address of Facility EUY FUNE Sollers | Point & | me of | delk, | md ZIZ |
| hysician /Medicai xaminer | | 23a. Part1. Enter the disaase, or 66m shock, or heart failura. List only Immediate Ceusa (Finel disease or condition | | dlen I | learl | n dying, such es cardia. | or respiretory er | iest, | Inte | proximete ervel Between iset end Deeth |
| | Leu | resulting In daeth) | . Cu | Dua to (or es | consequence of): | out ion | sear | e | | |
| g physician and es the burial-transit | | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceusa (Disaase or Injury that Initiated avants | . D | Dua to (or es | consequence of): | detu | 7 | | | |
| 5 .5 m | Med | thet initiated avants resulting in death) Lesf | d | Due to (or es e | consequence of): | | | | | |
| by the | | Pert II. Other significant conditions of | 9 | | in the underlying cause | | 23b. Dld 1 | | | cause of death |
| as been signed b | completed by | | | | | | 24e. Wes | en eutopsy med? | eveileb | autopsy findings ble prior fo etion of cause th? |
| director, page 2 | D | 25. Wes case referred to medical axeminer? | | | | | 1 □ N | W2 1.5 | 1 □ Ye | es 200 No |
| 90 | | 1 Yes 2 No 27. Mennar of Deeth 1 Scheturel 5 Panding 2 Accident Investigatio | 28a. Dete | | Outpetient 3 DOA Time of Injury M | Other: 4 Nursing H Injury et Work? 1 Yes 2 No | 10me 5 Residence 1 | | | |
| Sin b | | 3 Suicide 6 Could not be determined | 28a. Piece | of Injury - At home, ng, etc. (Specify) | ferm, street, factory, o | ffica | 28f. Location (S City or Tow | Streat and Numb m, State) | eer or Rural Ro | ute Number, |
| 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | E Calcal | 29e. Certifier (Check only one) 1 Certifying Properties (Check only one) | niner: On the ba | best of my knowledgasis of examinetion ener steted. | ga, death occurred et t nd/or investigetion, in | he tima, deta and place my opinion, deeth occu | , end due to the orred et the time, o | causa(s) and ma data end place, | anner es stated end due to the | i. cause(s) |
| oo moo | A | 29b. Signature end fittle of certifier | The war | 1 hora | piccan D | cense number 0 (6362 | | 29d. Date signe | | |
| State | | 30. Nama and addrass of person who SHZ Don H. Gott 31. Dete filed (Month, Day 201) | Ties u | us 491 | to cone | rus Ang | Balter | we, Tu | A 2122 | 14 |
| Registrar | 1 | JUN 0 2 1931 | Julia | egistrar's Signeture | delle | | | | | |

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1, Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Deeth **Physician** Month 05 PM Horence 4 JUNE /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Baltimore Bernadott PARKVILLE If Under 24 Hrs. 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Yeer) Birthplece (State or Foreign Country) **Funeral** Months Days Hours 1□ M 2 F 220-09-8453 Yrs. Director NOV 27, 1919 Maryland Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☑ No Baltimere Parkville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 303 Avondale Rd 21234 USA Maritel Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. Fusie * 1 ☐ Never Married 2 ☐ Married filed within 72 hours after 1 ☐ Yes 2 No It Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 b 1 ☐ Yes 2 No þ Specify: 3 Wildowed 4 □ Divorced WHITE Completed The Medical Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Hygiane Reed's DRUG Sales Clerk 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be Pages 1 and 2 should be nent of Health and Mental John E. Greason Marie L. Gross 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Ħ nt of Health a H them 27 is or other train Henry A. Amrhine JR. 20b. Pleca of Disposition (Name of cometery, cremetery or other plece)

Dete

20c. Location - City or 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremation 3 ☐ Removel from State June 10 Gardens of FAITH Cem 4 ☐ Donetion 5 ☐ Other (Specify) 1997 Rosedale, Md 21. Signeture of Funeral Servica Licenses 22. Name end Address of Fecility 8800 Harford Rd Bolto Md 23a. Part 1. Enter the disease, or combinations that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heer teilure. List only one ceuse on each line. **Physician** /Medicai Immediate Ceuse (Final disease or condition resulting in deeth) multiple myllowa Examiner Examiner or Attending Physicien: The law requires that the death certificate be axecuted the burial-trans Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence ot): Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): USB BS been signed by the a should be detached Pert It. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 □ Yes 250No 3 Probably 4 Unknown Completed by 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? page 2 cartificate 1 Yes 2 2 No 1 ☐ Yes 2 ☑ No director, 25. Wes case reterred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 ☐ Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this filled in by the funeral 27. Menner of Deeth 28b. Time of 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how injury occurred After 5 Pending Investigation 1 Naturel 1 ☐ Yes 2 ☐ No within 24 hours after death. To the Funeral Director: A 2 Accident 3 Suicide 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, State) Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medicat Examiner: On the bests of examinetion end/or investigation, in my opinion, death occurred et the time, dete end pleca, and due to the ceuse(s) end manner stated. Medical 29e. Certifier completely 5 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 30. Name end eddrey of p completed cause of deeth (Item 23e) (Type, Print) Coo

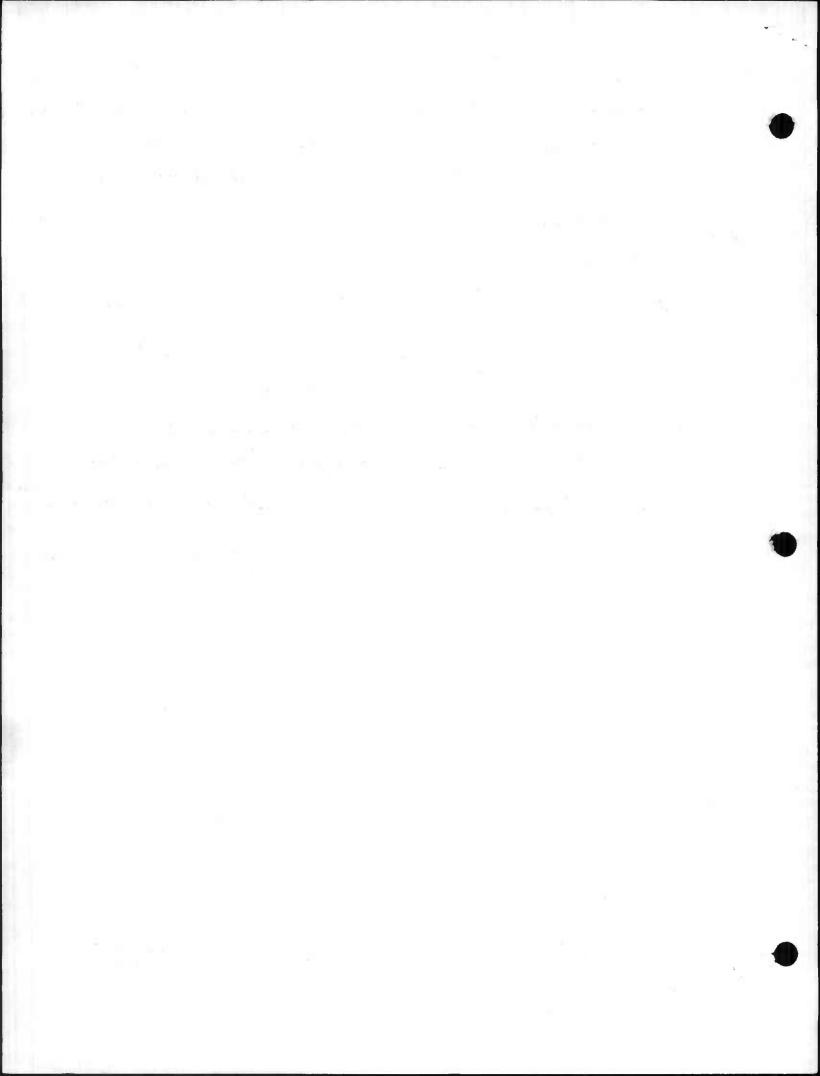
State Registrar

31. Dete tiled (Month, Day, Year) JUN 0 6 199

DR. Jefferey

9712 Belair Rd Balto. Md. 21236 32. Regisper's Signature

Julia Davidson



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

16961

| | | | Cer | tificate of | Death | 1 | Reg. No. | | | | | | |
|-----------------------------------|---|---|----------------------------------|---|---|---------------------------------|-----------------------------|---|-----------------------|--|--|--|--|
| hysician | Decedant's Nema (First, Middle, La | St) | BROW | 20 | | 2. Data of De Month | Day | Year 100 | a of Death | | | | |
| Medical | eana | | DROU | 0/1 | | June | 4,1 | 997 109 | TANI | | | | |
| xaminer | 4a. Facility Nama (If not institution, giv | e street and number) | 211 | | 4b. City, Town, or Lo | ocation of Deetl | | | | | | | |
| | Marylana Ger | reku Hosp | Irtal | Williams of Man | Baltimor | e lity | | N/A | | | | | |
| eral ctor | 240-20-3302 | 7. Age (In yrs). I | last birthday) Yrs. | If Under 1 Yea Months Deys | | 8. Dete of Sir (Month, Da | th ly, Year) 11, 1925 | 9. Birthpiece (Star Country) N.C. | ta or Foreign | | | | |
| | Usual Rasidence of Decedent 10a. Stata 10b. County | 10c City | , Town or Loc | ention | | | | 40d incide | City Limite | | | | |
| ust be notified at al Director | MD. N/A | | timore | | | | | | City Limits es 2 □ No | | | | |
| l of | | Dul | CINOLE | | | | | | | | | | |
| Funeral Director | 10e. Street and Number 1817 N. Fulton Av | enue | | 10f. Zip Coda 21217 | | | 10g. Citizen of \U.S. | | | | | | |
| au e | 11. Maritei Stetus | 12. Wes Decedent Evar in U, Armed Forces? | S. 13. V | Ves Decedant of Yes, specify Cul | Hispanic Origin? (Spo ben, Maxican, Puarto | ecify Yes or No Rican, etc.) | - 14. Rac | e - American Indian ck, White, etc. | , | | | | |
| ρ | 1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced | 1 ☐ Yas 2 ∰ No If Yas, Giva Yeer or Datas: | | □ Yas 2☐ No | | | | Black | | | | | |
| Completed | 15. Decedant's Ed (Specify only highest gra | de complated) | 16a. Deced (Giva I lifa. D | ant's Usual Occu kind of work done OO NOT usa retin | upation a during most of works ed) | ing | 16b. Kind of Bi | usinass/Industry | | | | | |
| E C | 7th Grade | Collega (1-4or 5+) | Minis | | | | Self-En | moloved | | | | | |
| | 17. Fathar's Nama (First, Middla, Last) | | ****** | CCI | 18. Mothar's Name | a (First, Middle. | | | | | | | |
| To Be | Buster Brown | | | | Lethia Wi | llson | | | | | | | |
| - | 19e. Informant's Name/Reletionship (| Type, Pnint) daughter | 19b. Mallin | g Addrass (Stree | et and Number or Run | al Routa Numb | er, City or Town, | Stata, Zip Coda) | 1 | | | | |
| | Christine Turner | | 1817 | N. Fult | on Avenue | Baltim | ore, MD. | 21217 | | | | | |
| | 20a. Mathod of Disposition | 20b. Pl | lece of Dispos | sition (Nama of latory or other pla | ace) | Dete | 20c. Location - | City or Town, Stete | | | | | |
| | 1 Donation 5 ☐ Other (Specification 5 ☐ Other | negroval Irolli Stata | | rk Ceme | | June 11 | Baltimo | ore, MD. | | | | | |
| rá . | 21. Signeture of Funeral Servine Licen | / / | | Neme end Addr | 4 = 100 | | | mes, Inc | | | | | |
| | P. T. | E | 2 | 501 Gwy | nns Falls | | | | | | | | |
| | 23a. Party-Enter tha disaasa, or com shock, or haert failura. List only | plications that paused the death | | | | | | Approxir Interval | | | | | |
| n | Shock, or haert failura. List only | ona causa thieech lina. | | | | | | Interval I Onset ar | Between nd Death | | | | |
| 1 | Immediata Causa (Final | / hemin | Kenal | Fail | URR. | | | | | | | | |
| r | disease or condition rasulting in death) a. UNOTIC TYMIUC TOTALL | | | | | | | | | | | | |
| ē | Dua to (or as a consequence of): | | | | | | | | | | | | |
| Examiner | Sequentially list conditions | b. Type to for | as e consequ | ience of). | _ | | | | | | | | |
| | if any, leading to immediate cause. Enter Underlying | Inc. / | To consedi | ind - 1 | Drahe | nlec | | | | | | | |
| edical | Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events | c. VIDUIN | as a consequ | HACHT | Dian | (TC). | | | | | | | |
| Pa | resulting in death) Last | Due to (or | as a consequ | ence OI). | | | | | | | | | |
| A COL | | d | | | | | | | | | | | |
| by Physician/ | Pert II. Other significant conditions of | ontributing to death but not rasu | iting In tha un | dariying causa d | iven in Part I. | 23b. Did | tobacco use co | ntribute to the caus | e of death? | | | | |
| hy | 1 2 2 2 2 2 2 | | 4 | | Blood | | | | Unknow | | | | |
| by F | Jeps15, 111W | nonia, Gastr | Dintes | tinal | VIELL, | | | | | | | | |
| 8 | Frador delic | | | | | | an autopsy | 24b. Wara autopi available pri | sy findings | | | | |
| piet | Endocarditis. | | | | | рело | med? | completion of death? | of causa | | | | |
| Completed | | | | | | 121 | Yes 2□No | | .□ No | | | | |
| | 25. Was casa refarred to medical | | | | 26 Plans - 4 Pr - " | | | LAZI TRIS 2 | 140 | | | | |
| o Be | axaminar? | Hospitai: | ED/Outpotts | 20 00 | 26. Place of Death | | | ne (Con-16.) | | | | | |
| n: To | 27. Manper of Death | - | ER/Outpatient 28b. Tima of | 3LI DOA | 4 LI IVUISING HO | | dance 8 Oth | | | | | | |
| to | Natural 5 Panding 2 Accident investigation | (Month, Day Year) | Injury | 28c. inju We M 1 | ork? ☐Yes 2☐No | | ,.,, | | | | | | |
| fica | 3 Suicida 6 Could not be | | me, ferm etre | | | 28f. Location / | Street and Numb | er or Rural Routa N | lumber. | | | | |
| Certification: | 4 Homicida datamined | building, atc. (Spacify |) | , rostory, onice | | City or To | | | | | | | |
| edical C | Medical Exam | valcian: To the best of my know iner: On the basis of axaminati | viedga, death | occurred at tha t | ima, data and place, | and due to the | ceusa(s) and ma | nner es stated. | e(s) | | | | |
| Med | | and mennar statad. | | | | | | | | | | | |
| - | 29b. Signeture end titla of certifiar | 1- | | 29c. Lican | ise number | | | d (Month, Day, Year | r) | | | | |
| | / / / | | | D | 45725 | | 6/1 | [7] | | | | | |
| | 30. Nama and addrass of person who o | complated causa of death (tam | 23e) (Type, F | Print) | ſ | ./ | 1 / | | | | | | |
| | Taking Mahmo | od (11.1)- 90 | Mar | yara (| Heneral | HOSPI | tal. | | | | | | |
| tate | 31. Date filed (Month, Day, Year) | 32. Registrar's Signat | | | | | | | | | | | |
| strar | JUN 0 6 1997 | Juka Davidson | -Randes | 6 | | | | | | | | | |
| | | () | 9 | 1 | | | | | | | | | |

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth Dey Month BOLAND ROBERT JAMES 1997 5:35 P.M. JUNS c. County of Deeth 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth NURSING + REHAB. LENIER HARFORD BELFORSUT FOREST HILL 8. Dete of Birth (Month, Dey, Yeer) If Under 1 Year | If Under 24 Hrs. 6. Sex 5. Social Security Number 7. Age (In yrs. lest birthdey) 198 M 2□ F Months Days Hours 75 Yrs. 175 18 8903 Usuel Residence of Decedent 10e Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 28 No HARFORD BILAIR ARVLAND 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? OLIWILD TOOL KOAD APT C U.S.A. 41014 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 25 No Specify: 3 Widowed 4 ☐ Divorced Specify: 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 8 YR5. SILF EMPLOYED TAVERA 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) ROSE AnoRew 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 20b. Plece of Disposition (Neme of cametery, crematory or other place) 22. Name and Address of Fecility 22. Name and Address of Fecility GARY E. BOLAND 810 HAYDIN WAY BELAIR (ARYLAND 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 Cremetion 3 ☐ Removel from State BURIA, P.A. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Santos Literasee EVANS FUNERAL CHAPIL FORSET HIL MARYLAND 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause in each line. Immediate Ceuse (Final XLA disease or condition resulting in death) Due to (or es e consequence of) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequença of) Due to (or es e consequenca of) Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 No 3 Probably 4 Unknown COPD 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 2E No

Physician /Medical Examiner

Baltimore, Maryland 21215-

Box 68760.

Division of Vital Records, P.O.

Physician

/Medical

Examiner

Funerai

Director

28a-f

8

Directo

Funeral

5

Completed

Be

the Medi

filled within Hygiene.

permit. Pages 1 and 2 should be 1 Department of Health and Mental I Important: If them 27 is marked of any injury or other traumatic eve

burial-transit and physician a Physician/Medicai attending esn Por signed by þ Completed peed page 2 hes certificate Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certific funeral Certification: in by To the Hospital of within 24 hours e To the Funeral D

investigation

1 ☐ Yes 2 ☐ No

25. Was case referred to medical 26. Place of Deeth (Check only one) Other: Nursing Home 5 Residence 6 Other (Specify)

1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Death 28b. Time of 5 Pending 1 Naturel

28a. Dete of Injury (Month, Day Year)

28c. Injury et Work? 1 Yes 2 No

28d. Describe how injury occurred 28f. Location (Street end Number or Rurel Route Number, City or Town, State)

6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 ☐ Homicide

(Check only one) 29b. Signature end title of certifier

2 Accident

3 Suicide

29a, Certifier

Secretifying Physicfan: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner as steted.

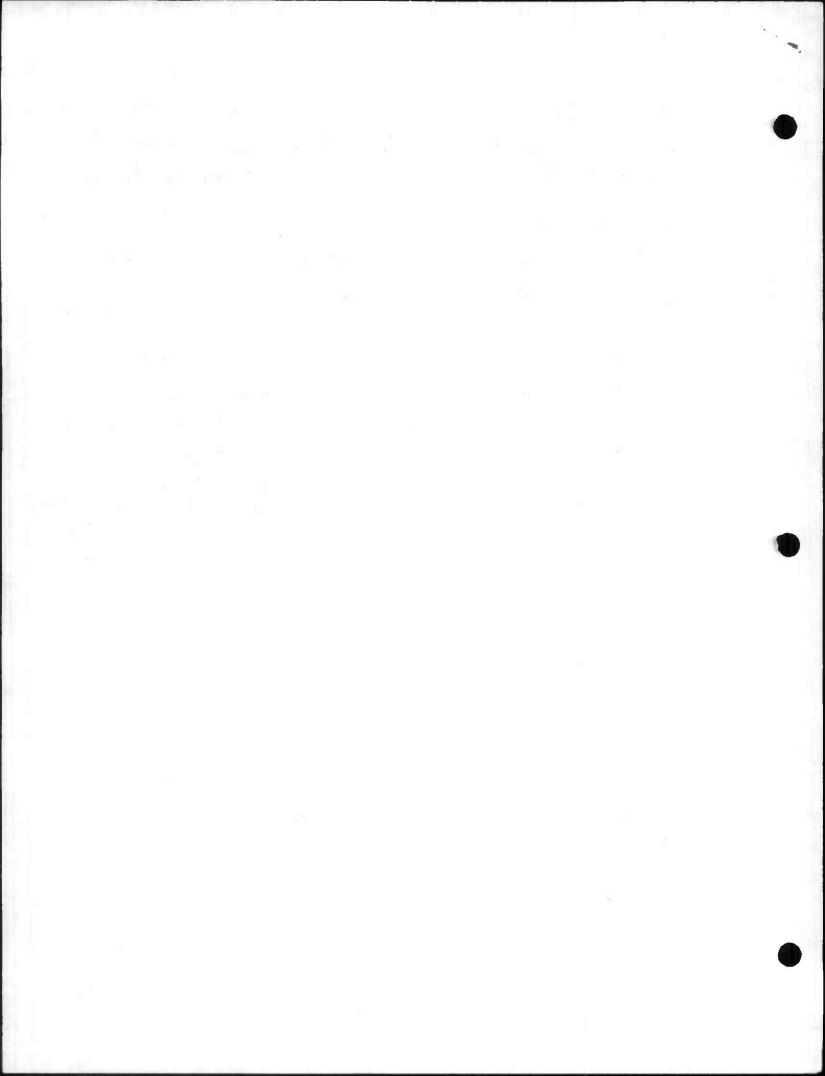
| Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end pleca, end due to the cause(s) end menner steted. 29d. Dete signed (Month, Day, Year)

30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

PRHAZ ROAD BILAIR, MARYLAND DIS WEST SOU 32. Registrars Signature

State Registrar

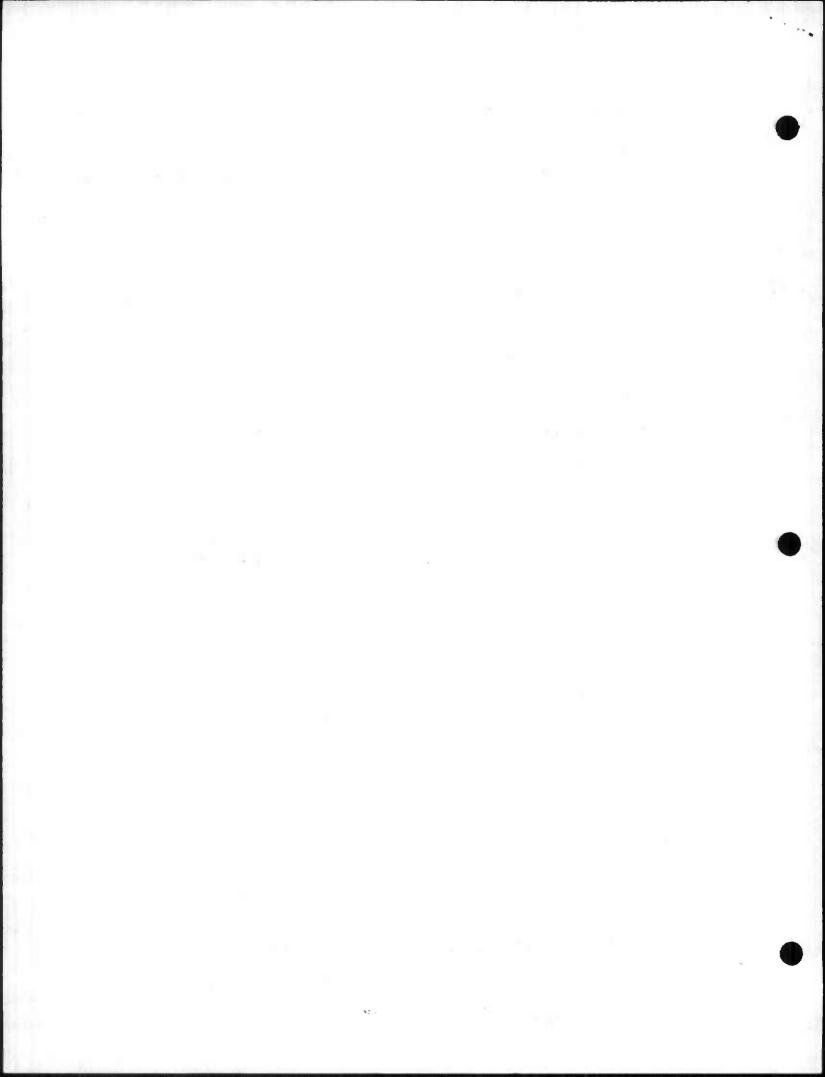
Medical



State of Maryland / Department of Health and Mental Hygiene 97

16963

| | | | | Certifica | ate of | Death | | Reg. No. | | 1030 |
|---|---|--|--|---|---------------------|--|------------------------------------|----------------------|------------------------------|------------------------------------|
| Physician 1 | . Decedant's Nema (First, Midd | | | , | | | 2. Deta of Da Month | ath Day | Yaar | 3. Time of Deeth |
| /Medicai | DOMINICK | 5. b | ATTAGL | 11. | | | June | 5, 19 | | 245 AI |
| Examiner 4 | a. Facility Name (If not institution | n, giva street and number | r) | | | 4b. City, Town, or L | ocation of Deat | h 4c. County | of Deeth | |
| | 3317 PARKTOWN | ie Rd | | | | Parkvill | E | Balt | SYOMI | |
| | . Sociel Sacurity Number | 6. Sex 7. A | Aga (In yrs. last b | irthday) if Uni | dar 1 Yaa s Days | r If Undar 24 Hrs. | 8. Deta of Bir (Month, Da | th Year | 9. Birthpla | ca (Stata or Fora |
| | 2\3~\4-2939 Usual Residence of Decedant | 1 /3 M 2□ F | 74 | Yrs. | Days | S HOUIS WIII. | FEB 1 | 9, 1923 | Mary | |
| 1 | 0a. Steta 10b. County | | 10c. City, Tox | wn or Location | | | | | 100 | d. Inside City Lim |
| rector | Md. BALT | more | Parky | alle | | | | | | 1 ☐ Yas 2 🗹 |
| Director | 0e. Street and Number | | | | Zip Coda | | | 10g. Citizan of | What Countr | v? |
| | 27 17 0 | 0. | | | 2123 | á. | | | | |
| | 3317 PARKTOWNE | 12. Was Daceden | t Ever in II S | | | | entry Yes or No | USA 14 Bac | a - Amarica | n Indian |
| [E] | 1 ■ Navar Marriad 2 Mar | Armed Forcas | 3? | If Yas, s | pecify Cul | Hispanic Origin? (Sp ban, Maxican, Puarto | Rican, atc.) | Ble | ck, White, et | |
| by | 3 □ Widowad 4 □ Divorced | If Yas Giva | | 1 ☐ Yas | 2 🖪 No | Specify: | | Specif | WHI | |
| | | it's Education | | a Doordont's II | augl Occu | unation | | 16b. Kind of B | | |
| Be Completed | (Specify only highs | st grada completed) | 108 | (Giva kind of | work done | upation e during most of work ed) | king | 160. King of 8 | usiness/indu | istry |
| E E | Elamentary/Secondary (0-12) | Collaga (1-4or | r 5+) | | | | | Δ2 | 6 | |
| 0 | 9 | 1 - 1) | | METALU | RGIST | | | | STER | |
| B | 7. Fathar's Name (First, Middla, | Last) | | | | 18. Mother's Nam | a (First, Middla | , Maidan Suman | na) | |
| 2 | JOHN BATTAGLIA | | | | | ANGELIA | A SERIO | 2 | | |
| 1 | 19a. Informant's Name/Relations | ship (Type, Print) | 19 | b. Malling Addre | ess (Strae | et and Number or Ru | ral Routa Numb | ar, City or Town, | Stata, Zip C | Coda) |
| | MARY A. BATTAGLU | WIFE | 33 | 317 PARKT | OWNE | Rd. Baltin | nore, Md. | 21234 | | |
| | Oa. Mathod of Disposition | | 20b. Placa | 917 PARKTO of Disposition (finery, cramatory of | lama of | lace) | Data | 20c. Location | City or Tow | n, Stata |
| | 1 M Buriei 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (S | | 64 | ns of FAITH | | | 1997 | 0 1 | 241 | |
| 3 | 21. Signatura of Funarai Service | | Outde | | | ress of Fecility | 177 | Rosedale | - Md | |
| Source | | 0 | | | | | | | | |
| | Robert 60 C | houses p. | | EVANS | CHAP | EL of MEMO | RIES 88 | COHarford | Rd Balt | 6. Md 212 |
| | 23a. Part1. Enter the disaasa, o shock, or haart failure. List | only one cause on each | ed tha daath. Do lina. | not enter the m | ode of dy | ying, such es cardiec | or respiretory e | rrest, | 1 | Approximata nterval Between |
| ווווווווווווווווווווווווווווווווווווווו | | | | | | | | | | Onset and Deet |
| 0 | mmediata Cause (Final disease or condition | Me | Sastet | 12 CMC | Ind | ma g yo | mesa | 20 | 1 | |
| | rasulting In death) | a | Due to (or as a | consequanca | of): | | | | | |
| i e | | | | | | . , | | | | |
| Examiner | Saguantially list conditions | b | Dua to (or as a | consaguanca | of): | | | | | |
| | Saquantially list conditions, fany, laading to immadiata cause. Entar Underlying Cause (Diseesa or injury | | | , | | | | | | |
| 0 1 1 | nat initiated evants | c | C. Due to (or as a consequença of): | | | | | | | |
| B | asulting In daeth) Last | | Due to (or as a consequenca of): | | | | | | | |
| 1 | | d | | | | | | | | |
| <u>a</u> | and the second second second | | | | | | | | | |
| Physician | ert II. Other significant condition | na contributing to death | but not rasulting | in the underlyin | g causa g | jivan in Part I. | | tobacco usa co | | |
| | | | | | | | 10 | Yas 2 No | 3 Probe | ably 4 Unk |
| l by | | | | | | | -13 -11 | | 041 | a auto-s. ft. iii |
| Completed | | | | | | | | en autopsy ormed? | avai | a eutopsy findin labla prior to |
| pid | | | | | | | | | of de | plation of cause ath? |
| 0 | | | | | | | 1 🗆 | Yas 2 No | 10 | Yas 2 No |
| | 5. Was casa referred to medica | I | | | | 26. Placa of Daa | th (Check only | ona) | | |
| ToB | axaminar? 1 ☐ Yes 2 ☑ No | Hospital: | tiant 2 ER/O | Outpatient 3 | DOA O | Whar- | | denca 6 □Ott | er (Specify) | |
| 2 | 7. Mannar of Death | 28a. Date of Inj | | Tima of | 28c. Inje | | | how injury occur | | |
| tio | 1 Natural 5 ☐ Pandir 2 ☐ Accident Invasti | | ay Yaar) | Injury M | | ork? ☐ Yes 2 ☐ No | | | | |
| Certification: | 3 ☐ Suicida 6 ☐ Could | not be | njury - At homa, f | | | | 28f. Location | Straat and Numi | ber or Rural | Route Number |
| T | 4 ☐ Homicida determ | building, a | atc. (Spacify) | 0000, 1200 | y, omoe | | | wn, Stata) | | |
| Ŏ, | On Cartifier | on Dhualatan V | A of many law at the state of t | a dacit . | | time determine | mandada a sa | | | an al |
| edical | (Check only 2 Medical | g Physician: To the best Examinar: On the basis | of examinetion a | pe, daath occurre nd/or Invastigati | on, in my | uma, data and placa, opinion, daath occur | and dua to tha red at tha tima, | data and placa, | enner as sta and dua to t | tea. ha causa(s) |
| | one) | and mannar s | statad. | | 10a Line | an number | | and Date it | d /hfamil == | No. Verel |
| 2 | 9b. Signatura and titla of certifie | 1/ | | | | nsa number | | 29d. Date signe | | ay, rear) |
| | > Incr | un Karal | mile 1 | up | 1 | 221022 | | 6- | 6-97 | |
| 3 | 0. Nama and addrass of person | who complated causa of | daath (Itam 23a) | (Type, Print) | | | | | | |
| | /h. King) | ALOUGICI | daath (Itam 23a) 860 Y trer's Signature |)+12 n | S-DV | 20 nd | 21 | 234 | | |
| tate 3 | 1. Dete filed (Month, Day, Yaar) | 32. Ragist | trer's Signature | | - 0/ | - 1/ | | | | |
| ate | JUN 0 6 | 1007 | Sia Baindre | n-Handas | 2 | | | | | |
| trar | | TERES PYU | A - CONTACT - CANAGE | | | | | | | |

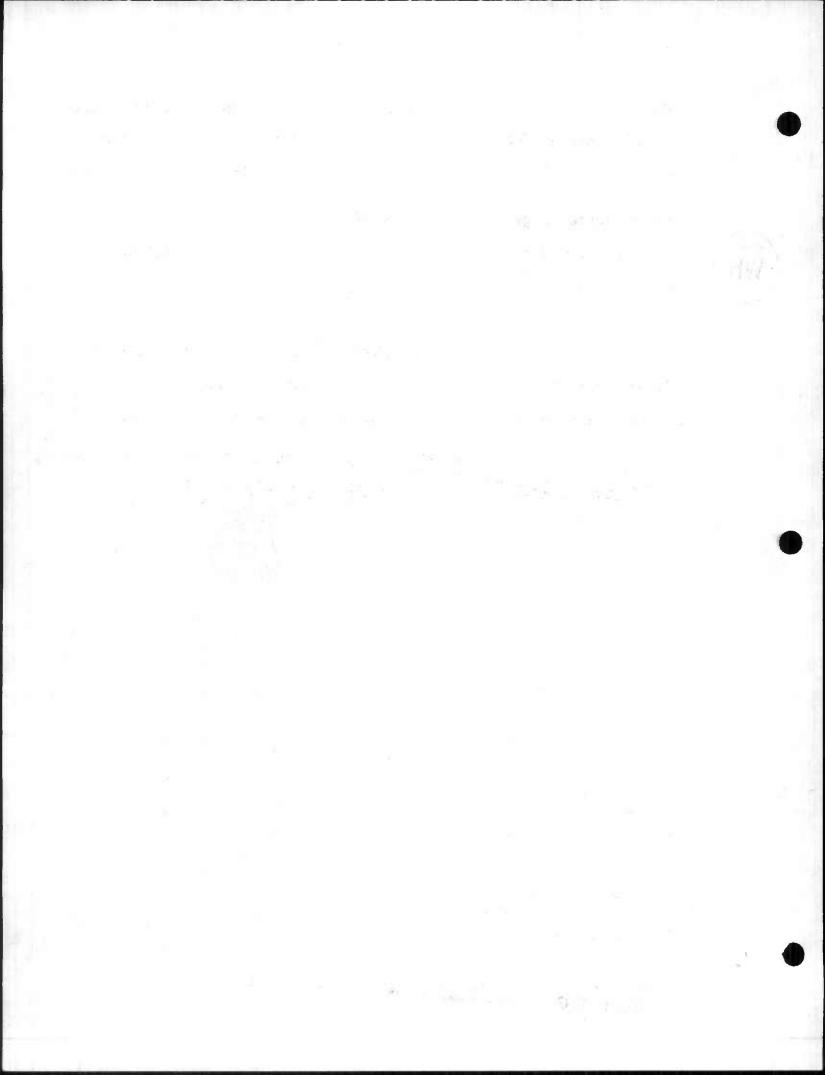


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 3. Tima of Death 2. Date of Death Month **Physician GEORGE** BURIAK 5, 1997 3:45 a.m. JUNE /Medical 4e. Fecility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltimore Stella Maris Hospice Towson 8. Date of Birth (Month, Day, Yaar) 9. Birthplaca (State of Fountry) Pennsylvania 5. Social Sacurity Number If Undar 1 Year If Under 24 Hrs. 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** 10X M 2□ F Months Days Hours 68 Yrs 175-24-1165 Director Usuel Rasidance of Decedent 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits 1 ☐ Yas 2 No Maryland Prince Georges Laurel 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 200 Fort Meade Road 20707 U.S.A. 12. Was Decedent Ever In U.S. Armed Forcas? 1 ☐ Yes 2 10 No If Yas, Giva Yaar or Detas: 11. Marital Status 13. Was Dacedenf of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - Amarlcen Indian, Bleck, White, etc. 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education (Specify only highest grade completed) 16h Kind of Business/Industry R Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) Electrical Engineer Manufacturing 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be is marked of and 2 should be Philip Kuriawa Buriak 2 19a. Informent's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rurel Routa Number, City or Town, Steta, Zlp Coda) If of Health a If Item 27 is or other tra Michael Buriak (brother) 536 Kissell Lane, Conemaugh, PA 15909 Pages 1 20b. Place of Disposition (Nama of cematery, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata PA 1 ☐ Burial 2 ☐ Cramation 3 K Removal from State Department of Important: If any injury or pnce. St. John the Baptist Cem. 6/7/97 East Taylor Township, 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Addrass of Facility
Schimuner Funeral Homes, Inc. 21. Signature of Fugeral Service License 9705 Belair Rd., Baltimore, MD 21236 23a. Part1. Entar tha disaesa, or complications thet causad tha daath. Do not enter tha moda of dying, such es cerdiac or raspiratory errast, shock, or haart teilure. List only one ceusa on aach lina. Approximate Onset and Death **Physician** /Medical Immedieta Causa (Finel disaasa or condition rasulting in deeth) BONE CANCER month **Examiner** Dua to (or as a consequence of) Examiner The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiata ceusa. Enter Undarfying Causa (Disaasa or Injury that Initiated events resulting in death) Last and the bunal-tran Dua to (or as a consequence of): Box 68760, attending physician for use as the buna Physician/Medical Dua to (or es e consequance of): USB BS signed by the a Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of ceusa of deeth? Completed 24a. Was en eutopsy performed? peen has this certificata 1 Yas 2 No 1 ☐ Yas 2 ☐ No al or Attending Physician: The safter death.

I Director: After this certificated in by the funeral director, pa Be 25. Was cesa rafarrad to medical 28. Placa of Daath (Check only ona) Certification: To 1 Yas 2 No Other: 4 Nursing Homa 5 Residence Other (Specify) HOSPICE 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Mannar of Deeth 28b. Time of 28c. Injury et Work? 28d. Dascribe how Injury occurred 1 MNatural 5 Panding 2 Accidant invastigetion 1 ☐ Yas 2 ☐ No 6 Could not be datarmined 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) 4 - Homicida To the Hospital or within 24 hours at To the Funeral D completely filled i 29a. Certifiar 🔀 Certifying Physician: To tha best of my knowledga, death occurred at the time, data and place, and dua to the causa(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, daath occurred et tha fima, data and place, and dua to the ceusa(s) end mannar statad. 29b. Signature 29d. Dete signed (Month, Day, Year) 29c. Ligense number Skhows 15504 6.5 77 30. Nama and address of person who complated ceusa of death (Itam 23a) (Type, Print) 2300 DULANEY VALLEY DR. EDDIE NAKHUDA RD. TIMONIUM, MD 21093 32/Blais Was idente State Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Decedent's Name (First, Middle, Lest) 3. Time of Deeth 2. Dete of Deeth Month **Physician** 01:30 OBERTA URNS JYNE 0 /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner HOEPITAL CENTER NORTHWEST BALTIMORE MNDALLSTOWN 8. Dete of Birth (Month, Day, Year)
June 20, 1930

9. Birthplace (Stere or Fundamental Petersburg, In. 5. Social Security Number 7. Age (In yrs. last birthdey) 66 Yrs. If Under 1 Year If Under 24 Hrs. 9. Birthplace (Stete or Foreign **Funeral** Months Deys 1 □ M 2 □ XE 314-32-5891 Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or Hems 23s or 28s-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director Md. Baltimore Reisterstown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 10 Waugh Ave. 21136 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Status 1 ☐ Never Married 2 Narried If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes X☐ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Specify: Whi e Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 1 Department of Health and Mental Hygiene, important if them 27 is marked other than "ne any injury or other traumatic averagins." College (1-4or 5+) Elementary/Secondery (0-12) Medical 3 Yrs College Nurse 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Lloyd Ε. Lenora Spray 0 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) (Husband) 10 Waugh Ave. Reisterstown, Md. 21136 Dr. Barry Burns 20b. Place of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, State 1 X Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 6/11/97 Raymond, Kansas Raymond Cemetery 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility 11824 Reisterstown Road ELINE FUNERAL HOME Reisterstown, Md. 21136 hart1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, slock, or heart feilure. List only one cause on each line. Onset end Death **Physician** /Medical Immediete Ceuse (Final disease or condition resulting in deeth) Examiner Examiner sician and buriel-trensit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury thet initiated events resulting in deeth) Lest physician s the buriel Box 68760. Physician/Medical Due to (or as e consequence of). ettending Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.0. 23b. Did tobecco use contribute to the cause of deeth? the signed by t d be detach 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. by 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed peed page 2 certificate 1 Yes 2010 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28e. Dete of Injury (Month, Dey Year) funeral 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred To the Hospital or Attending Pwithin 24 hours effer death.

To the Funeral Director: After it completely filled in by the funeral Certification: After 5 Pending Investigation 1 Nettural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Plece of fnjury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide 29e. Certifier 1 🖵 Certifying Phyelclen: To the best of my knowledge, death occurred et the time, dete end placa, end due to the cause(s) end menner es steted. Medicai (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Yeer)

03859

206 Baltimore Md 21215

0

State Registrar 30. Neme end eddress of person who

11. Dete filed (Month, Dey, Year)

JUN 0 6 1997

JUN 0 6 1997

ted cause of deeth (Item 23a) (Type, Print)

Later and the second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

| Item9 | 6- | 6-97 FilmG748 W.H.Per | F/H | | | tificate of | Death | | Reg. No. | 97 | 16966 |
|--|--------------------|---|--|-------------------------------|--|--|---|--|------------------------------|--|---|
| Physic /Medi | | 1. Dacedent's Nama (First, Middla, L MARIE D. B. | LEANER | | | | | 2. Data of De Month | E Day | (Xear | 3. Time of Death |
| Exami | ner | 4a. Facility Name (If not institution, gith HARBOR HO | va street and number | CEN | TER | | 4b. City, Town, or L BACCCI | | | PLTCA | NORE |
| Funeral Director | | 212-09-2358 | Sax 7. A | ga (In yrs. las 91 | | If Under 1 Year Months Days | If Undar 24 Hrs. Hours Min. | 8. Date of Bir (Month, De Jan 28 | rth ay, Year) 1,1906 | 9. Birthr Cour | placa (State or Foreign http:// |
| the Maryland 2 28a-f show notified at | o | Usual Residence of Decedent 10a. State 10b. County Md. | n/a | | Town or Loc | | | | | 1 | 0d. Inside City Limits 1 ☑ Yas 2 ☐ No |
| | Funeral Director | 10e. Streat and Number 1633 Jackson St | | | | 10f. Zip Code | 1230 | I IBX | 10g. Citizen | itizen of Whet Country? | |
| after des or flams uniner.m | by | 11. Marital Status 1 ☐ Never Married 2 ☐ Marriad 3 ☒ Widowed 4 ☐ Divorced | 12. Was Dacedant Armed Forces' 1 Yas 2 If Yes, Give Year or Dates: | ? | if | Vas Decedent of H Yes, specify Cuba ☐ Yes 21 No | lispanic Origin? (Sp an, Maxican, Puerto Specify: | pecify Yes or No Rican, etc.) | | Race - Americ Black, White, ecify: Whi | etc. |
| d within 72 hours plene. r then "natural", the Medical Exa | Completed | 15. Decadent's E (Specify only highest gr Elementary/Secondary (0-12) | iducation ade completad) College (1-4or | | (Give I life. D | ant's Usual Occup kind of work done O NOT use retired SeWife/do | during most of world) | king | | of Business/In | |
| lid be filed fantal Hyg faed other ic event, | Be | 17. Father's Nama (First, Middle, Las | | | | | 18. Mothar's Nam | | | mama) | |
| should and Mar a marks urmatic | To | George Herzberg 19a. Informant's Name/Relationship | | | 19b. Malling | Address (Street | Henriett and Number or Ru | | | own. State. Zin | Code) |
| and 2 eaith a n 27 is nor trau | | Janet Buehner (D | | | 1633 | Jackson | Street, | | | | |
| Pages 1 ment of H ant: If her | | 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Space) | | | | ition (Name of atory or other place on Memori | | uper 9 1997 | | on-City or To Burnie, | |
| Depart Depart Import any in | | 21. Signeture of Funaral Servica Lica | nsee fank | / | Mo | | ss of Facility Olyniak F rt Ave., | | | | |
| eath certificate be executed ettending physician and for use as the burial-transit | n/Medical Examiner | Immediate Cause (Final disease or condition resulting in death) Sequantially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last | a. SEPSIS ACZH b. CHRON | E (ME) Due to (or as | s a consequence of a co | ience of): 0 (SE) ience of): SCUE | | | | mony | 2 WREKS 5 YEARS 6 MONTH |
| that the death ed by the ette deteched for | Physician/N | Part II. Other algnificant conditions of | contributing to death b | out not resultin | ng In the und | derlying causa giv | en in Part I. | | tobacco use | | the cause of death? |
| Se 20 ed | Completed by | | | | | | | | an autopsy ormad? | ava | ere eutopsy findings allabia prior to mpletion of cause death? |
| | e Con | 05 W | | | | | | 10 | Yes 2 N | 1[| Yes 2 No |
| Ing Phys | To B | 25. Was case referred to medical axaminer? 1 Yas 2 No. 27. Manner of Death 1 Natural 5 Pending 2 Accident investigation | Hospital: 1 Lapatie 28a. Date of Inju (Month, Da | ry 28 | /Outpatient b. Time of Injury | 28c. Injun Worl | 4LI Nursing Ho | th (Check only come 5 Residue) 28d. Describe I | denca 6 🗆 | | /) |
| al or Attending s after death. Il Director: After ed in by the fune | Certification: | 3 ☐ Suicida 6 ☐ Could not b 4 ☐ Homicide determined | a 28a. Place of Inj building, et | ury - At home c. (Specify) | , farm, stree | et, factory, offica | | 28f. Location (: City or Tox | Street and Ni wn, State) | um <i>ber</i> o <i>r Rur</i> a | l Route Number, |
| To the Hospital or / within 24 hours after To the Funeral Dire completely filled in br | edical | 29a. Certifier (Check only one) Certifying Physical Example (Check only one) | niner: On the best of and manner sta | examination | dge, death o and/or inve | occurred at the timestigation, in my op | ne, date and place, pinion, death occur | and due to the red at the time, | cause(s) and date and pia | manner as st | ated. the cause(s) |
| To the comple | Me | 29b. Signatura and title of certifier | Penac | • 🕝 | EDI CIN | 29c. Licanse | | 1439 | 29d. Date sig | gned (Month, i | Day, Year) |
| 6 | | 30. Name and address of person who WIN MIN THA | completed cause of d | leath (Item 23 | a) (Type, P | rint) CEATED | 34416 3001 BALTU | South | HANDU | ER ST | REET |
| Sta Registra | _ | 31. Date filed (Month, Day, Year) | 32 Régistr | S Signature | Randel | Ro | ישרינ (ני) | YVIK | 719 | 01) | 2 |

DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month Yen 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e. Fecility Neme (If not Institution, give street end number) Baltmore If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) Edmondson Avenue Birthplece (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 10M 20F 217-70-2035 Usuel Residence of Decedent Yrs. June 19, 1957 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 Yes 2 No NA Md 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A 3720 amondson Avenue 21229 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No M Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 11 Maritel Stetus 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 No Black 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Security Social Elementery/Secondary (0-12) College (1-4or 5+) erk 124 grade dyrs Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) nenneth 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Halph Bi 20e. Method of Disposition Brisgeno 20b. Piece of Disposition (Name of cometary, cremetory or other place) Dete Saltimore, and . 20c. Location - City or Town, State Husband 1) Burial 2 Cremetion 3 Removel from State Vet 4 ☐ Donetion 5 ☐ Other (Specify) Garrison torest 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility March 300 BaHONG pash 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset end Deeth Immediate Cause (Finel disease or condition resulting in deeth) Due to (or es a consequence of) Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of) Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings eveilable prior to completion of ceuse of death? 24e. Wes en eutopsy performed? 2/1 No 1 Yes 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one)

Physician /Medical Examiner

Saltimore, Maryland 21215-0020

Hygiene. Hygiene. other than "natu

is marked other

permit. Pages 1 and 2 should be till Department of Heelth and Mental H-Important: If Item 27 is marked oth any Injury or other Insumatic even

Physician

/Medical

Examiner

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Examiner Certification:

Division of Vital Records, P.O. Box 68760. peed After this certificate hes To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certified filled in by

State Registrar

Medical

25. Wes cese referred to medical exeminer? 1□ Yes 2 No Other: 4 Nursing Home 5 Residence 6 □Other (Specify) 1 Inpatient 2 ER/Outpetient 3 DOA 28a. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 27. Menner of Deeth 28c. Injury et Work? 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyelclan: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier (Check only one)

29c. License number 29d. Dete signed (Month, Dey, Year) 29b. Signeture end title of certifier

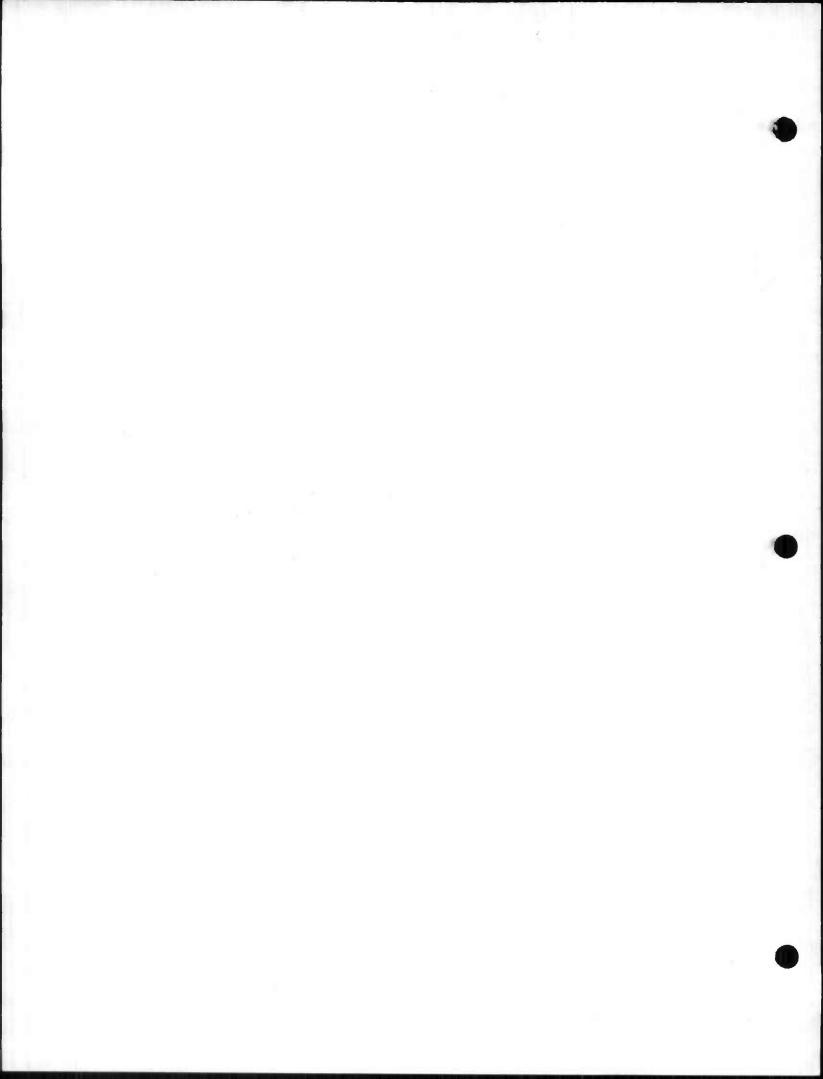
72625

DIN 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) lutherrille, mD

Matilda

32. Registrer's Signeture

31. Dete filed (Month, Day, Year) JUN 0 6 1997



| ANTHONY | nc • 2 | 23a part I,27,28a-f | | | | | | Health and I | 1.00 | | 7 1 | 6968 |
|--|------------------|--|----------------------------------|---|------------------------|--|---|---|--|---------------|---|--|
| Physic /Med | ian | Decedent's Neme (First, Middle Anthony Ian | e, Last) Beard | | or uno | | | | 2. Dete of Death Month JUN 2, | Dey 1997 | Year | 3. Time of Deeth 07:12 |
| Exami | ner | 4e. Fecility Neme (If not institution 2953 KESWIC | | | | | | 4b. City, Town, or L BALTIMC | | 4c. County | of Deeth | |
| Funeral Director | | 5. Sociel Security Number 212-50-4530 | 6. Sex 1 M 2□ | 7. Age (In yrs 49 | . lest birthda Yrs. | y) if Under Months | 1 Year Deys | | 8. Dete of Birth (Month, Dey, FEB 10, | Year) 1948 | 9. Birthplece Country) 1948 Maryl | |
| | tor | Usuel Residence of Decedent 10e. State 10b. County FL Pa | lm Beac | | ity.Town or Delray | Location Beach | | | | | 10d. | Inside City Limits |
| HW | Funeral Director | 10e. Street end Number 1495 East Lanc | ewood P | | | 10f. Zip | 3 | 3445 | | | Whet Country | ? |
| D20 an after d | by Fune | 11. Meritel Status 1 □ Never Married 2 ☑ Marr 3 □ Widowed 4 □ Divorced | ried Arme | Decedent Ever in Used Forces? Yes 2 No s, Give or Dates Vietr | | if Yes, speci | | Hispenic Origin? (Spen, Mexican, Puerto Specify: | pecify Yes or No- p Rican, etc.) | | ca - American ck, White, etc | |
| 215-0(Thin 72 hou | Completed | 15. Deceden (Specify only higher Elementery/Secondary (0-12) | t's Educetion st grade comple | | 16e Dec | edent's Usual ve kind of work DO NOT use | Occup k done e retire | petion during most of world) | king | | usiness/Indus | |
| and 21 be filed with thy gleon of other the | Be | 12 17. Fether's Neme (First, Middle, | | | E | xamine | r | | ne (First, Middle, N | Adm | inistra | ation |
| Baltimore, Maryland 21215-0020 semit. Pages 1 and 2 should be filed within 72 hours at Department of Health and Mertal Hygiene. Important: If them 27 is marked other than "natural", or my injury or other traumatic event, the Medical Examples. | To | A. I. Beard 19a. Informent's Neme/Reletions A. I. Beard — 20a. Method of Disposition | | 20b. | 149 Place of Dis | 5 East | Lai | Louise rend Number or Ru ncewood F | ral Route Number, | ay Bea | | 33445 |
| Baltimor permit. Pages Department of Important: If the any injury or o | | 1 ☐ Buriel 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (S) 21. Signeture of Fy 18 mil Service | pecify) | from State | atham H | | rial Addre Kat | Park 6 | eral Home | | eadowr: | idge |
| Physician /Medical | | Pert1. Enter the diseese, or shock, or heert failure. List immediate Ceuse (Finel diseese or condition | | thet caused the dee on each line. | eth. Do not e | nter the mode | Shii of dyi | ngton Blv ng, such es cerdiec | d., Elkr or respiretory erre | idge, l | A | 1227 oproximete tervel Between nset end Death |
| Examiner | liner | resulting in deeth) | b | | or es a cons | | | | | | | |
| 760, te be executed ysician and ne burial-transit | ical Examiner | Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events | C | | or es e cons | | | | | | | |
| ∞ ≤ ± ± | | resulting in deeth) Lest | d | Due to (| or as e conse | equence of): | | | | | | |
| P.O. hat the d by the detach | / Physician/Mec | Pert II. Other eignificent condition | ven in Pert I. | | | | e cause of death | | | | | |
| cords requires been sign | Completed by | | | 24e. Wes er perform | n eutopsy ned? | aveile | eutopsy findings ble prior to ietion of cause ath? | | | | | |
| f Vital Rec ystclan: The law is certificate has director, page 23 | Be Con | 25. Wes case referred to medicel examiner? | | | | | | 26. Piece of Dee | th (Check only one | | 1000 | es 2□ No |
| on of Vita ding Physician: h. After this certific funeral director, | 2 | 1 ☑ Yes 2 □ No 27. Menner of Deeth | 28e. D | 1 ☐ Inpatient 2 ☐ Dete of Injury Month, Dey Year) | 28b. Time Injury | of A 28 | A Oth | | ome StarReside | | | |
| Division or Attending after death. Director: After in by the fune | Certification: | 1 Naturel 2 Accident 3 Sulcide 4 Homicide 1 Naturel 2 Accident 3 Sulcide 4 Homicide 2 No determined 1 Naturel 2 No determined 1 Naturel 2 No determined 1 Naturel 2 No determined 1 Naturel 2 No determined 1 Naturel 2 No determined 1 Naturel 2 No determined 1 Naturel 2 No determined 1 Naturel 2 No determined 1 Naturel 2 No determined 1 Naturel 2 No determined 1 Naturel 2 No determined 2 No determined 2 No determined 2 No determined 2 No determined 2 No determined 2 No determined 3 No determined 4 No determined 2 No determined 3 No determined 4 No determined 4 No determined 4 No determined 4 No determined 5 No determined 5 No determined 6 No determine | | | | | | | unknown 28f. Location (Street and Number or Rural Route Number, City or Town, State) 2953 Keswick Road Baltimore, Maryland | | | |

State Registrar

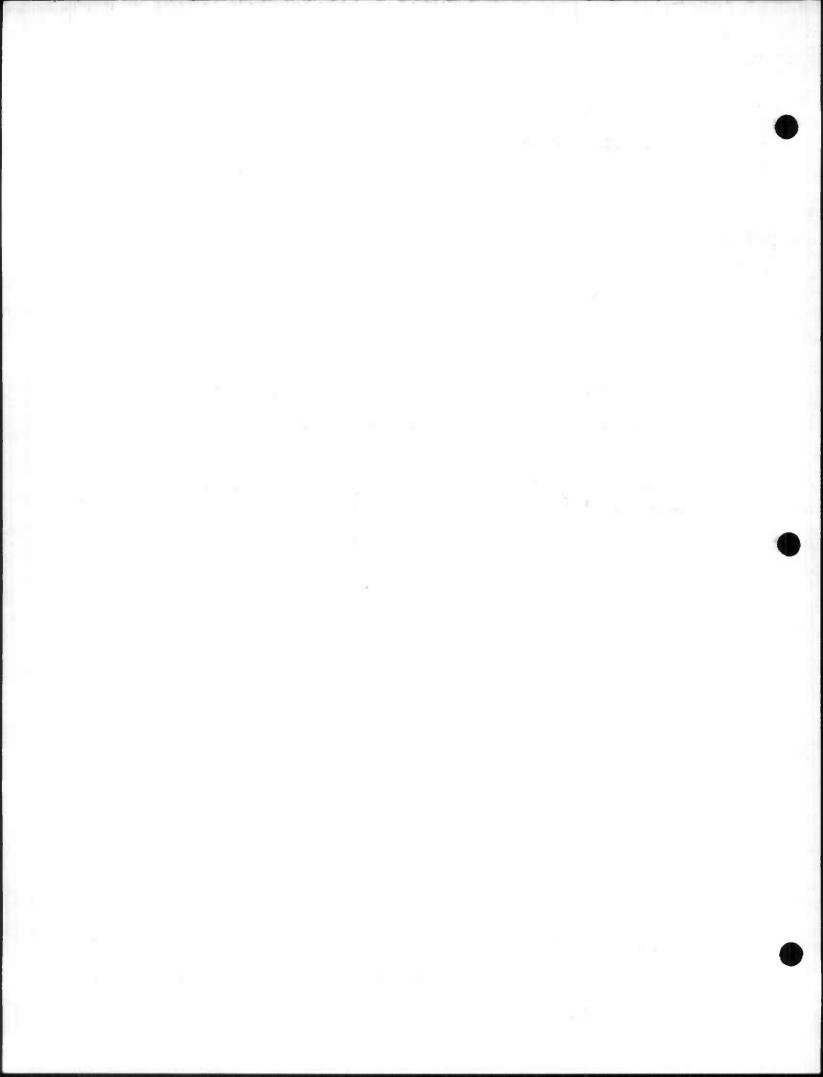
30. Name end eddress of person who completed cause of deeth (Nem 23e) (Type, Print)

Dennis J. Chute M. 111 Penn Street, Baltimore, Maryland 21201

29c. License number

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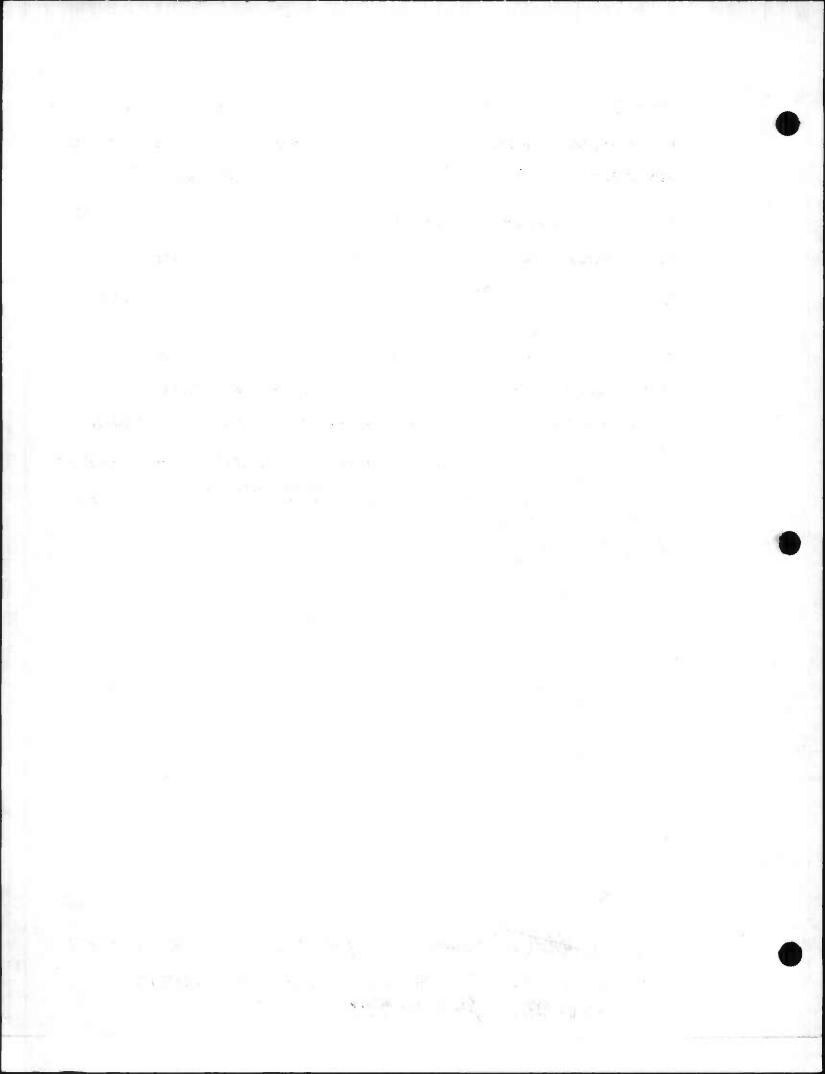
29d. Dete signed (Month, Day, Year) JUNE 2, 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

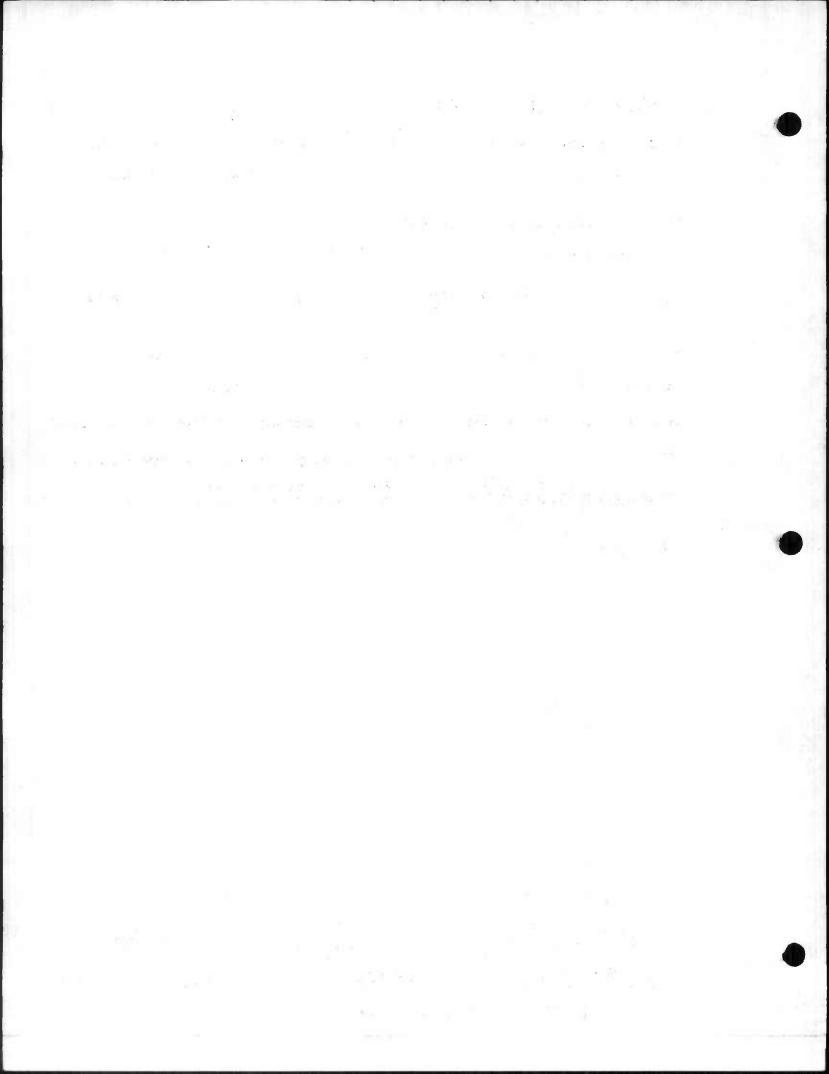
| | | 1 Danadant's Name (First 44) | idla I a- | e) | | Ce | ertificate | of Death | 0.5 | Reg. No. | | 10709 |
|--|---|--|-------------|--|---|---------------------------------|---------------------------------------|--|--|--------------------------------------|---|--|
| Physiciar | 1 | 1. Decedent's Name (First, Mic | uie, Lasi | ^/ | 125 | D. | V - | | 2. Dete of D Month | Day | Yeer | 3. Time of Death |
| /Medica | | EThe | 1 | IV | , | 06 | rer | | 05 | 30 | 1997 | 11:15 pm |
| Examine | r | 4a. Fecility Name (If not institut | | | | | | 4b. City, Town, or | r Location of Dea | th 4c. County | of Death | |
| | | Laurel Region | | - | | | | Laurel | | | ice Ge | |
| Funeral Director | - | 5. Sociel Security Number 220-38-3706 Usual Residence of Decedant | 6. Se | x □ M 2XXF 7 | | rs. lest birthday | Months Da | eer If Under 24 Hr ays Hours Mir | . (Month, D | irth e <i>y, Year)</i> 18,1909 | 9. Birthpi Count Mary I | ece (Stete or Foreign ry) and |
| 8 ₩ | | 10a, Stete 10b. Cour | ty | | 10c. (| City, Town or I | ocation | | | | 10 | d. Inside City Limits |
| the start | 5 | MD Pri | nce | George | | Laurel | | | | | | Yes 2□No |
| or 28 | 5 | 10e. Street end Number | | | | | 10f. Zip Coo | de | | 10g. Citizen of | What Count | ry? |
| 23a c | 2 | 305 9th Stre | et. | Apt. # | 1 | | 207 | 07 | - 1 | USA | | |
| ofical Examiner must be notified at least th | 2 | 11. Marital Status 1 Never Married 2 M Widowed 4 Divorce | arriad | 12. Wes Deced Armed Ford 1 Yes 2 If Yes, Give Yeer or Dat | ent Ever in es? \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | U,S. 13 | | of Hispanic Origin? (Cuben, Mexican, Pue | Specify Yes or N rto Ricen, etc.) | | ce - America ck, White, e y: Whit | etc. |
| Important: if item 27 is marked other than "nature any Injury or other treumatic event, the Madical andica. To Re Completed | 2 | 15. Deced (Specify only high | ent's Edu | ucetion | | 16e. Dec | edent's Usuel Or | ccupetion | art to a | 16b. Kind of B | usiness/Ind | ustry |
| and and | 5 | Elementery/Secondary (0-12 | 1 | Collaga (1-4 | for 5+) | life. | DO NOT use re | one during most of wo stired) | DIKING | | | |
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| even Ba | 0 | 17. Fether's Neme (First, Middl | e, Last) | | | | | 18. Mother's Ne | eme (First, Middle | e, Meiden Sumer | ne) | |
| T gic | 2 | Robert Frank | Shi | pley | | | | Effie | Estelle | Owens | | |
| EE | | 19e. informant's Name/Reletio | nship (T) | ype, Print) | | 19b. Mai | ling Address (St. | reat and Number or F | Ru <i>ral Rou</i> te Numi | ber, City or Town | | |
| er tr | | George Baker | /Son | | | 930 |) Nichol | s Drive, | Laurel, Maryland 20707 | | |)7 |
| 8 | | 20e. Method of Disposition 1 X Buriei 2 ☐ Cremation | 2 Dr | Jamauai faam Ci | 20b | . Place of Disp cemetery, cr | position (Name of emetory or other | of place) | Date 20c. Location - City or Town, State | | | vn, State |
| 7 | | 4 Donetion 5 Other | | | ate | | Cemete | | 6/4/97 | Laure | l. Mar | vland |
| 트 | r | 21. Signature of Furieral Service | e Licens | ee // | 7 | | 22. Neme end A | ddress of Fecility | | - | , | 7 |
| any lr | | Man. | 100 | ALA | 000 | 1 | | Funeral H | | | | |
| | + | 23a. Part1. Enter the disease, shock, or had failure. Li | | licetions thet cau | used the de | eth. Do not a | 7601 S | andy Sprin | ng Road, | Laurel | | 20707 Approximate Interval Between |
| cian dicai niner | - | fmmediate Ceure (Final disease or condition resulting in death) | st orlly of | . Ve | nte | (or es a cons | (ar | tachy | | | | hour |
| iel-transit | ion line | Sequentially list conditions, if eny, leeding to immediate | 1 | o. My | DC | (or as e conse | al | infarc | tion | | 2 | 2 days |
| he bur | | Sequentially list conditions, if eny, leeding to immediate ceuse. Entar Underlying Ceuse (Diseese or injury thet initiated avents resulting in death) Last | 1 | c | Due to | (or as a conse | quence of): | | | | | |
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| be deteched for us. | | Pert II. Other stgniftcant condi | tions cor | ntributing to dea | th but not re | esulting In the | underlying ceuse | a given in Pert t. | | Yes 2□ No | ntribute to | the cause of death? ably Unknown |
| 2 should | | | | | | | | | | s an autopsy ormed? | eve | re eutopsy findings ilable prior to apietion of ceuse eath? |
| rector, page | | | | | | | | | 10 | Yes 20 No | 10 | Yes 2 No |
| Be C | | 25. Wes case referred to medic | le | | | | | 26. Place of De | eath (Check only | one) | | |
| To E | | exeminer? | F | lospital: | patient 2 | ☐ ER/Outpatie | ent 3 DOA | Other: | Home 5□Res | | ar (Specify |) |
| ed in by the funeral | | E LI Modideriti | tigation | 28a. Date of (Month, | | 28b. Time injury | of 28c. I | injury at Work? 1 Yes 2 No | 1 | how Injury occur | | |
| | | 4 I Honticide | mined | building | , atc. (Spec | oify) | treet, factory, off | | City or To | (Street end Numi own, Stete) | | |
| completely the Medical | 29a. Cartifier (Check only one) Certifying Physician: To tha best of my knowledga, daath occurred at the time, date end 2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, daath end menner stated. | | | | | | | | e, end dua to the surred at the time | causa(s) end m , date end place, | annar es sta end due to | ited. the cause(s) |
| To the comple | 29b. Signatura And title of certifiar 29c. License number | | | | | | | | 29d. Date signe | | | |
| | | 30. Neme and address of perso | / | omplated cause | of death (ite | em 23a) (Type | , Print) | 43237, Laurel | PRUL | Dem | STRO | NG. |
| Ctoto | | 31. Date filed (Month, Day, Yee | | 32. Reg | istra sela | nature . | 5 | hocel | WW. | 20 10 | / | |
| State | | 3 3 3 3 | A A 4 | 70 TO U. 110g | 7.7.9 | Marie Ja A | Abada M. | | | | | |

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| Dh. ala | | Decedent's Name (First Middle, Las | 0 1 | ۸. | ertificat | e of | Death | 2. Date of Dea | | 31 | 3. Time of Deeth |
|--|---------------------|--|---|--------------------------------------|--|-----------------------------------|--|---|-----------------------------------|--------------|---|
| Physic /Medi | | MICHHEL |) | SASSI | | | | Month | 3 C | Year 7 | 1232 14 |
| Exami | | 4a. Fecility Neme (If not institution, give | | | | | 4b. City, Town, or | Location of Deeth | 4c. County | of Death | |
| | | Laurel Regional 5. Sociel Security Number 6. Se | | No con local binds of | av) If Under | 1 Voor | Laurel If Under 24 Hrs | 100. (5:4 | | | eorge |
| Funeral Director | | 577-03-3154 Usuel Residence of Decedent | 7. Age (| In yrs. lest birthd 87 Yrs | Months | Days | Hours Min. | 8. Date of Birth (Month, Dey Feb. 25 | Year) | | place (Stete or Fore ntry) York |
| aryland | | 10a. State 10b. County | 1 | 0c. City, Town or | Location | | | | | 1 | 0d. Inside City Lim |
| the Mar 28a-f si | cto | MD Anne A | rundel | Laure | | | | | | | 1 □ Yes 2√□ I |
| death with the Maryland rms 23a or 28a-f show rmst be notified at | ral Dire | 331 Marganza Sou | th | | 10f. Zip | 0724 | | 1 | 0g. Citizen of V USA | Vhat Cour | ntry? |
| P 25 E | by Funeral Director | 11. Marital Stetus 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced | 12. Was Decedent Ev. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Detes: | 1942 1945 | 3. Was Decedif Yes, specific Yes | | ispenic Origin? (S an, Mexican, Puerl Specify: | pecify Yes or No- o Rican, etc.) | | k, White, | |
| vithin 72 ene. than "nat | Be Completed | 15. Decadent's Edi (Specify only highest gred Elementery/Secondary (0-12) | cation fe completed) College (1-4or 5+) | | cadent's Usua ive kind of wo e. DO NOT us Barber | al Occup rk done se retired | ation during most of wor i) | king | 16b. Kind of Bu | | |
| be filed tal Hygid d other | Se C | 17. Father's Name (First, Middle, Last) | | | | | 18. Mother's Nar | ne (First, Middle, I | | | 6.1 |
| Maryland d 2 should be filed th and Mental Hyg 7 Is marked othe traumatic event, | To | Nichola Bassi | | | | | Jannine | DeVito | | | |
| Aar 2 sho 2 sho 1 s m | | 19a. Informent's Name/Relationship (T) | | | | | | iral Route Number | | | |
| 2 2 8 2 | | Jennina M. Jennes 20a. Method of Disposition | | 20b. Pleca of Dis | | | n Parkwa | y, Elkri | | | |
| Baltimore, bernit. Pages 1 e Department of He mportant: If them my Injury or othe ance. | | 1 Burial 2 □ Cremetion 3 □ F 4 □ Donetion 5 □ Other (Specify) | Removal from State | Fort Li | remetory or on one of the neoln | ther plea Ceme | tery | 6/6/97 | 20c. Location - Brentw | 1 | Maryland |
| Deparii Deparii Impor | | 21. Signature of Funeral Service Does | Ca dos | | | | ss of Facility neral Ho | | [aure] | Mars | yland 207 |
| Physician /Medical Examiner | iner | Immediate Ceuse (Final diseese or condition resulting in deeth) | PESPIT BNEVA | TOR | FA | 120 | lE | | | | apays |
| OX 68/60, certificete be executed iding physician and ise as the buriel-transit | √Medical Examiner | Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last | . CHOUNI | e to (or as a cons | TRUCI | クレビ | PULMO | NARY | DISEAS | E | YEARS |
| death cer death cer e ettendin ed for use | iciar | Part il. Other significant conditions con | atributing to death but r | not resulting in the | undertving | auso ah | on in Part I | 23h Did to | becco use cor | atribueto te | the cause of deat |
| d by th | by Physician/M | CARDIOMYOPI | 7774 | or resulting in the | distribution of the control of the c | ause giv | on in Fait i. | | s 2□ No | | |
| requir | Completed b | | | | | | | 24a. Was a perform | n autopsy ned? | ev. | ere autopsy findings ailable prior to mpletion of cause death? |
| = = = = | Com | | | | | | | 1 🗆 Ye | s 2 TNo | | Yes 2No |
| OF VICAL Physician: The certificate ral director, pa | Be | 25. Was case referred to medical examiner? | lospitel: | | | Oth | O.C. | oth (Check only on | | | |
| Phy ral c | To | 1 Yes 2 No 27. Manger of Death | 1 Inpatient 28a. Dete of Injury | 2 ER/Outpet | | A | 4 Li Nursing H | ome 5 Reside | | | y) |
| Attending For death. Sector: After by the funer | ation | 1 Natural 5 Pending 2 Accident Investigation | (Month, Dey Y | ear) Injur | / M | 8c. Injun Worl 1 □ | k? Yes 2 □ No | 200. 2000,120 110 | w mjery occur | • | |
| 2 4 4 5 | Certification: | 3 ☐ Suicide 6 ☐ Could not be determined | 28e. Place of Injury building, etc. (| - At home, farm, Specify) | street, fectory | , office | | 28f. Location (St City or Town | reet end Number, Stete) | er or Rura | I Route Number, |
| Hoppins Phons | edicai | 29a. Certifier (Check only 2 Lance Exami | aician. To the best of m | ny knowledge, de amination and/or | ath occurred investigation, | at the tin | e, date and place pinion, death occu | , end due to the ca rred at the time, da | use(s) and ma ate and ptaca, a | nner as st | ated. the cause(s) |
| 60 | Med | 29b. Signature and title of certifier | and mariner stated | | 290 | License | number | 2 | 9d. Date sign | Month, | Day, Year) |
| | | 30. Name and address of pyraeg who ge | pleted cause of deat | h (Item 23e) (Typ | e-Print), / S | ya; | 100) | ST CA | 47 | 111 | 200 |
| | | MANAMAN | U | KK1 / | HINIL | 1 | 7-111111 | V / / / | 111/4/ | WI IN | 10 11/ |

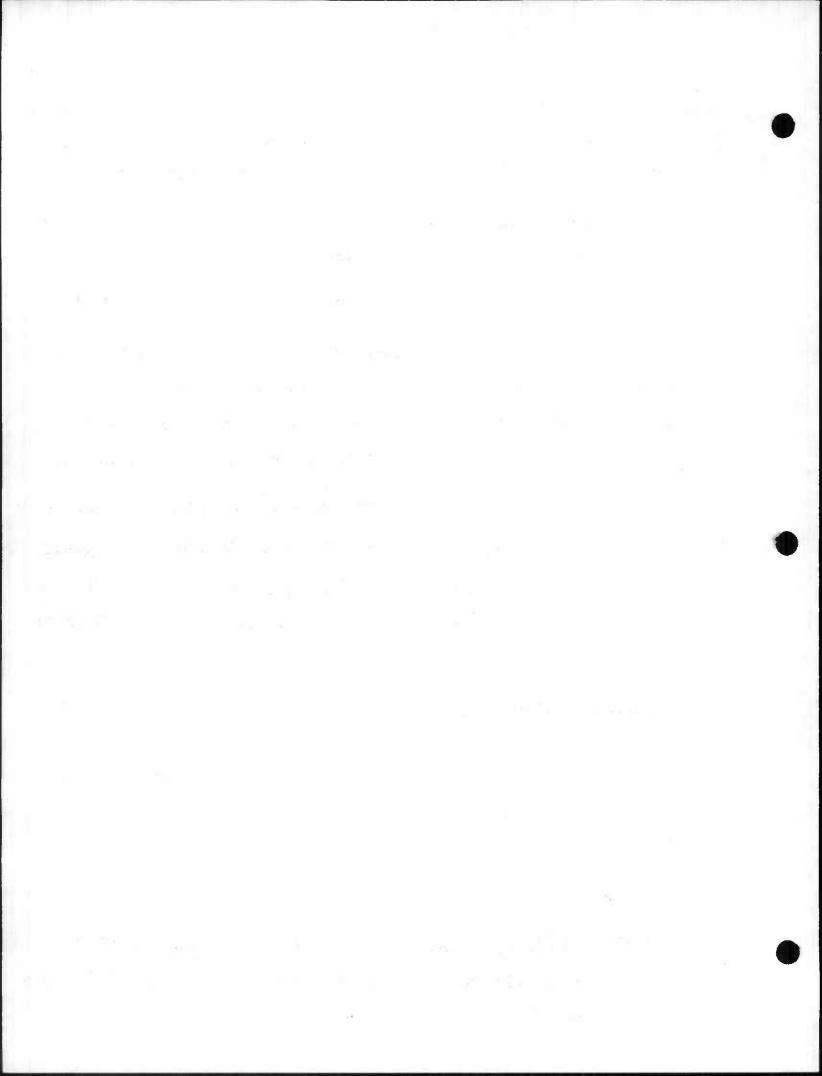


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month May 29, **Physician** 1997 Doris Juanita Berg 5:55 a.m. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Laurel Regional Hospital Laurel Prince George 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In vrs. lest birthdev) Birthplece (State or Foreign Country) 8. Date of Birth (Month, Dev. Yeer) **Funeral** Deys Hours 1 M 200 Yrs. 64 Director 214-28-6599 Sept. 24,1932 Maryland Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director 1 ☐ Yes 2 ☑ No Anne Arundel Laurel 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò 234 223 Marganza South 20724 USA death 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☐ No if Yes, Give Yeer or Detes: or items 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. filed within 72 hours after 1 Never Married 2 Married altimore. Maryland 21215-0020 1 ☐ Yes 2 XNo Specify: Specify: White þ 3 Widowed 4 □ Divorced "natural", Completed 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 127 is marked other than "ne traumatic event College (1-4or 5+) Elementery/Secondery (0-12) 12 Inspector General Electric 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Peges 1 and 2 should be nent of Health and Mental Chester Martin Miller Juanita Sharon 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 and 2:
Department of Health ar
Important: if Item 27 is
eny injury or other trau Jackie Cessna/Daughter 352 Baltimore Road, Shippensburg, PA 27257 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore Washington Cr. 5/30 Laurel, Maryland 21. Signeture of unerel Servica Licansee 22. Name end Address of Fecility Fleck Funeral Home, Inc. 23a Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, Intervel Between Onset and Deeth aniel **Physician** Acute CerebiovAscular Occident /Medical Immediate Ceuse (Finel diseese or condition resulting in death) Examiner CorcinomA Physician/Medical Examiner The law requires that the death certificate be executed physician and is the burial-trans Sequentially ilst conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury Box 68760. arcinoid thet initieted events resulting in deeth) Lest Due to (or es e consequence of): use as for P.O. 1 Pert N Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of deeth? 3 Probably 4 Unknown 1 ☐ Yss 2 ☐ No Records, ρ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24a. Wes en autopsy 2 No 1 Yes certificate of Vital ttending Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After ivision 1 Naturel 5 Pending investigation death. 1 ☐ Yes 2 ☐ No ctor 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 ☐ SuicIde 1 4 Homicide o do Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es eteted.

2 Medical Exeminer: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end manner stated. Medical 29a. Certifier (Check only one) 29b. Signeture end title of cartifier 29d. Date signed (Month, Dey, Yeer) 29c. License number 0. 20 8 led cause of deeth (Item 23a) (Type, Print) line bengo st hen 321 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State JUN 06 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month Elton Barnes trederick 9 AM 03 June (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Hea are 245 IIMORE Tem 7. Age (In yrs. last birthday) / It Under 1 Yeer al Sacurity Number Birthplece (State or Foraign Country) Days 10M 20 F 218-05-0902 Yrs Maryland Usuel Rasidance of Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Maryland Baltimore Woodlawn 10e. Straet and Number 10f. Zip Coda 10g. Citizan of What Country? 5517 Piedmont Ave. 21207 USA 12. Wes Decedent Evar in U,S. Armed Forcas? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. 1 X Yas 2 No
If Yas, Give
Yeer or Datas: 42-45 1 Nevar Married 2 Merried 1 ☐ Yes 2 ☒ No Specify: 3 ₩ Widowed 4 Divorced White 16e. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Coliaga (1-4or 5+) 12 years year Operating Engineer Bethlehem Steel 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Meidan Sumama) Frederick C. Barnes Mossie Harris 19a. Informant's Neme/Ratationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Rosalie Mudgett (Niece) 12 W. Middle Grove Ct. Westminster, MD 21157 20b. Placa of Disposition (Nama of cemetary, cramatory or other plece) 20a. Mathod of Disposition Dete 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramovel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Woodlawn, Maryland Woodlawn Cemetery 6-7-97 21. Signature of Funeral Sarvica Licensee 22. Nama end Address of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 23e. Party Entar tha disaasa, or complications thet caused tha daath. Do not antar the mode of dying, such as cardiac or respiretory arrast, should or heart failure. List only one cause on each line. Immediata Causa (Final diseasa or condition rasulting in daath) Nosocomial Pneumonia Dua to (or as a consequence of): Spondylitis Fracture Ankylosing Sequantieity list conditions, if eny, laading to immadiata causa. Entar Underlying Causa (Disaase or injury Dua to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1) Yes 2 No 3 Probably 4 Unknown 24b. Wara eutopsy findings aveilable prior to complation of causa of death? 24a. Wes an autopsy

Physician /Medical Examiner

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attending physician for use as the buria

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or Attending F after death. Director: After

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Box 68760,

Division of Vital Records, P.O.

Physician

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permit. Pages 1 and 2 sh Department of Health and Important: If then 27 is in any Injury or other traum gloca.

Examiner must be flams 23s

> Physician/Medical à Completed Certification:

that initiated evants resulting in death) Last

28. Placa of Death (Check only one)

1 Yas 2/2 No

25. Wes casa refarred to medical examinar? 1 Yas 2 No 27. Mannar of Deeth 1 Naturai 2 Accidant

3 ☐ Sulcide

4 Homicida

5 Panding invastigation

Hospital: 1 Inpatient 28a. Data of Injury (Month, Day Year) 8 Could not be dataminad 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

2 ER/Outpatient 3 DOA 28b. Tima of

28c. Injury at Work? 1 Yas 2 No

Other: 4 Nursing Homa 5 Residence 8 Othar (Specify) 28d. Dascribe how Injury occurred

28f. Location (Streat and Number or Rurel Route Number, City or Town, Stata)

29a. Certifier (Check only one) 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the ceuse(s) end mennar es stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated.

29b. Signatura and fitte

29c. Licensa number

29d. Data signed (Month, Day, Year) June 03, 1997

30. Name and eddrass of person who complated causa of death (Item 23a) (Type, Print)

Baltimore, MD 21201 Chicumo 22. S. Green St. 31. Data filed (Month, Day, Year)

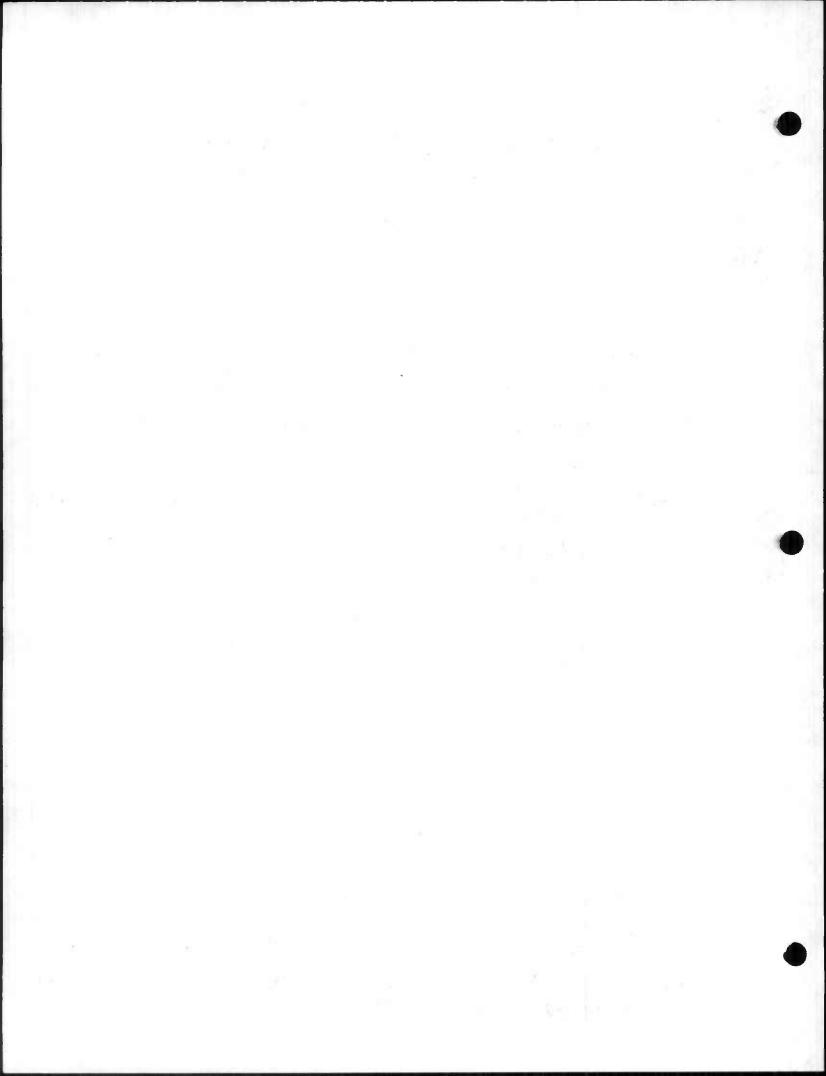
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

| adent's Name (First, Middle, La Solo P iility Name (If not institution, given to the control of the control o | Ve street and number) Maryland Sex 15 M 20 F 37 10c. VENUE / apt. | | System If Under 1 Year Months Days | JC. 4b. City, Town, or Lo Balt If Under 24 Hrs. Hours Min. | 2. Dete of De Month May vocation of Death May vocation of Death Month, De B. Date of Bin (Month, De OCT - 14 | Day 4c. County of | of Death 9. Birthplace (Sounty) MARYLA | State or Form | |
|--|--|--|--|---|--|--|---|--|--|
| al Security Number 6. S 3-70-0061 Residence of Decedent ate 10b. County Cyland reet and Number 501 VIOLET A ritel Status Never Married 2 Married Widowed 4 Divorcad 15. Decedent's E (Specify only highest gra | Maryland Sex 7. Age (In y 3 7 10 M 2 F 3 7 10c. VENUE/apt. 12. Was Decedent Ever in Armed Forces? 1 Sex 2 Se No | Medical yrs. last birthday) Yrs. City, Town or Lo BAI | Months Days ocation LTIMORE | Balti If Under 24 Hrs. | More 8. Date of Bird (Month, Da | th y, Year) | 9. Birthplace (S Country) MARYLA | State or For | |
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| itel Status Never Married 2 Married Widowed 4 Divorcad 15. Decedent's E. (Specify only highest gra | 12. Was Decedent Ever in Armed Forces? 1 □ Yes 2 ☑ No | #103 | 10t. Zip Code | | 10g. Citizen of What Country? | | | | |
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| Widowed 4 Divorcad 15. Decedent's E- (Specify only highest gra | 1 Yes 2 No | n U,S. 13. \ | Was Decedent of Hi If Yes, specify Cuba | lispanic Origin? (Span, Mexicen, Puerto | ecify Yes or No- Rican, etc.) | 14. Rece Black | e - Americen Indi | ian, | |
| (Specify only highest gra | If Yes, Give Yeer or Detes: | | 1□ Yes 2√□ No | Specify: | | | BLACK | | |
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| TH · GRADE | | CE | MENT FI | | | CONSTRU | | | |
| ner's Name (First, Middle, Last |) RY BOSTON S | . D | | 18. Mother's Name | | | e) | | |
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| Other significant conditions of | | resulting in the ur | nderlylna cause give | en in Part I | 23b. Did 1 | obacco use con | stribute to the co | ausa of d | |
| | | | naony my oaddo giro | | | | | 4×Unk | |
| | | | | | 24e. Was perfo | an autopsy med? | 24b. Were auto available p completio of death? | prior to on of cause | |
| | | | | | 101 | es all | | 2□ No | |
| | | | | 26. Place of Deatl | | 1. | 103 | - INO | |
| miner? | Hospital: 1 Impatient 2 | □ ER/Outpatien | of 3 DOA Othe | OF: | | | er (Specifu) | | |
| ner of Death | | | | | | | | | |
| Accident Investigation | 1 | injury | | | | | | | |
| Suicide 6 Could not be determined | | t home, farm, stre | eet, factory, office | | 28f. Location (S City or Tow | Street and Numbern, State) | or or Rural Route | Number, | |
| rtifier 1 Certifying Ph | nowledge, death | be, and due to the ceuse(s) and manner as stated. Surred at the time, dete end place, and due to the ceuse(s) | | | | | | | |
| reck of my 2 Medical Exam | | | | VIIIIVIII, UURIII DECUM | ed at the time t | | | | |
| 10) 2 Medical Exam | end manner stated. | | | | | | | | |
| reck of my 2 Medical Exam | end manner stated. | | 29c. License | | 1 | 29d. Date signed | (Month, Day, Ye | ear) | |
| | ARANA BOSTON at ANA BOSTON Buriel 2 Cremation 3 Donation 5 Other (Specification of the Control of the Contro | Donation 5 Dother (Specify) Institute of Buneral Service Licensee and Enter the disease, or complications that caused the book, or heart failure. List only one cause on each line. Itiate Cause (Final e or condition in the caused the book, or heart failure. List only one cause on each line. Due to the condition in the caused the book, or heart failure. List only one cause on each line. Due to the condition in that caused the book, or heart failure. List only one cause on each line. Due to the condition in that caused the book, or heart failure. List only one cause on each line. Due to the condition in that caused the book, or heart failure. List only one cause on each line. Due to the condition in that caused the book, or heart failure. List only one cause on each line. Due to the condition in that caused the book, or heart failure. List only one cause on each line. 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Name and Address UNITY FUN and Enter the disease, or complications that caused the death. Do not enter the mode of dyin mode, or heart failure. List only one cause on each line. Intelly list conditions, leading to immediate Enter Underlying (Disease or Injury listed events) Intelly list conditions, leading to immediate Enter Underlying (Disease or Injury listed events) Intelly list conditions, leading to immediate Enter Underlying (Disease or Injury listed events) Intelly list conditions, leading to immediate Enter Underlying (Disease or Injury listed events) Intelly list conditions, leading to immediate Enter Underlying (Disease or Injury listed events) Intelly list conditions, leading to immediate Enter Underlying (Disease or Injury listed events) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Hospital: 1 (Inpatient 2 ER/Outpatient 3 DOA Other (Month, Day Year) 28b. 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Location Date 20c. Location Secretary | attailly list conditions, ger or contributing to death but not resulting in the underlying cause given in Part I. Due to (or as a consequence of): Due to (or as a consequence | |



State of Maryland / Department of Health and Mental Hygiene

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Months

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|-------------------------|------------------|
| ertificate of Death | Reg. No. |
| | 2. Data of Death |

BALTIMORE

If Under 24 Hrs.

Hours

3. Time of Death

| Physician |
|-----------|
| /Medical |
| Examiner |
| |

Directo

Funeral

by

Completed

Be P

Jordan Lee Bennett 4a. Facility Nama (If not Institution, give street and number) JOHNS HOPKINS HOSPITAL

Sociel Sacurity Numbar

1. Decedant's Nama (First, Middla, Last)

JUNE 4b. City, Town, or Location of Daath

Month

1997 01 11:34 AM 4c. County of Death

Funeral Director

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1 and 2 should be filed within Health and Mental Hyglene. em 27 is marked other than "

Department of Health an Important: If Nem 27 is

Physiclan /Medical

Examiner

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certificate

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After

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after

To the Hospital or A within 24 hours after To the Funeral Directompletely filled in b.

director.

or Attending Physician:

The law requires that the death certificate be axecuted

Box 68760.

Division of Vital Records, P.O.

Physician/Medical Examiner

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Completed

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Certification: To

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Pages 7

the Medical Exam

Baltimore, Maryland 21215-0020

194-72-500 3 Usual Rasidanca of Dacadant 10e. Stata 10b. County

10c. City, Town or Location

Yrs.

7. Aga (In yrs. last birthday)

9. Birthplaca (Stata or Foreign Country) PENSYLVANIA

10d. Insida City Limits 1 des 2 No

10e. Street and Numbar

Was Decedent Ever in U.S. Armed Forcas?

Yaar or Datas

12 M 2 F

13. Was Decedant of Hisperfic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Yas 2 No Specify.

14. Race - Amarlcan Indian, Black, Whita, atc Specify: BLACK

11. Maritel Stetus

1 Naver Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

16a. Decedent's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired)

16b. Kind of Businass/Industry

10g. Citizan of What Country?

15. Decedant's Education (Specify only highast grada complated) Elementary/Secondery (0-12)

Collaga (1-4or 5+)

2 No

STUDEN

17. Fether's Nama (First, Middla, Last)

19a. Informant's Name/Ralationship (Type, Print)

19b. Mailing Addrass (Street and Number Town, Stata, Zip Code)

18. Mother'ş Nama (First, Middla, Maidan Surnama)

Mathod of Disposition

20b. Place of Disposition (Nama of

City or Town, State

1 Burial 2 ☐ Crametion 3 Ramoval from Stata 4 ☐ Donation, 5 ☐ Othar (Spacify)

uneral Sarvice Licens

blications that caused the death. Do not anter

Approximata Intarval Batween Onsat and Death

Immediata Causa (Final disaasa or condition rasulting in daath)

Head Injuries with Que to (or es e consaquance of):

Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Causa (Disaasa or injury thet initiated events resulting in daath) Last

Dua to (or es e consequança of)

Due to (or es e consaguança of)

Part II. Other algnificant conditions contributing to death but not rasulting in the underlying cause given in Pert I.

disaasa, or complications that caused to in failura. List only ona causa on each line

23b. Did tobacco usa contributa to the causa of death? 1 Yes 2/X No 3 Probably 4 Unknown

24e. Wes an autopsy parformed?

24b. Were autopsy findings eveileble prior to completion of cause of deeth?

1 Yas

26. Placa of Death (Chack only ona)

1 ☐ Yas 2 ☐ No

25. Was casa rafarred to medical axaminar? 1 □XYes 2 □ No

27. Mannar of Death

1 Netural

2. Accidant

3 Suiclda

4 Homicida

Hospital: Monpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 5 Panding invastigation

28b. Tima of Injury 1409

28c. Injury at Work? 2 PNo 1 Yas

Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) 28d. Describe how Injury occurred

redestrian struck by car Location (Straat and Number or Rural Routa Number City or Town, Stata) 1300 E. Dehadere Ave

22 No

Medicai 29a. Cartifier (Check only one)

28a. Placa of Injury - At home, term, street, fectory, office building, atc. (Specify) 1 Certifying Physician: To the best of my knowledge, daath occurred at the time, date end plece, end due to the cause(s) and menner es stated.

**Medical Examinar: On the basis of examination and/or invastigation, in my opinion, daath occurred at tha tima, data and placa, and dua to the cause(s) and mannar stated.

29b. Signeture end title of cartifier

29c. License number O.C.M.E.

JUNE 02,1997

29d. Data signed (Month, Day, Year)

Chute 10

6 Could not ba

30. Name end addrass of person who complated causa of death (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

31. Data filed State

Registrar

ML Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene DOUGLAS WAYNE BISHOP Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth Dey **Physician** JUNE 01 1997 **DOUGLAS** 10:01 AM WAYNE /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 106 FERN DRIVE **JOPPATOWNE** HARFORD If Under 1 Year If Under 24 Hrs. Min. JANUARY 14,1969

8. Date of Birth (Month, Dev. Yeer)
JANUARY 14,1969

9. Birthplace (State or Foreign BALTIMORE OO., MD. 5. Sociel Security Number 7. Age (In yrs. last birthday) **Funeral** 1 M 2 □ F Yrs. 28 Director 217-62-2603 Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 1 Yes 2 No Director MARYLAND HARFORD **JOPPA** 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 106 FERN DRIVE 21085 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 2000 to If Yes, Give Year or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11. Maritel Status Never Merried 2□ Married 1 ☐ Yes 2 No Specify: Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced 21215-002 WHITE 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry N The Medica (Specify only highest grede completed) Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) N/A MECHANIC SHELL SERVICE STATION Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) th and Mental 9 77 is marked of traumatic even Be KAREN KATHERINE YINGLING Pages 1 and 2 should GEORGE MELVIN BISHOP 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) nt of Health a If Item 27 is or other tra 3130 EAST AVENUE BALTIMORE, MARYLAND 21234 GEORGE M. BISHOP (HUSBAND) 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 Cremation 3 ☐ Removel from State Department of Important: If any injury or once. 4 ☐ Donetion 5 ☐ Other (Specify) BALTIMORE, MARYLAND METRO CREMATORY, INC. JUNE 3, 1997 21. Signeture of Funeral Service Licensee 22. Name and Address of Facility LASSAHN FUNERAL HOME, INC. 7401 BELAIR ROAD BALTIMORE, MARYLAND 21236-4625 Schol 23e. Pent1. Enter the disease, or complications that cause the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Final Gunshot Ubund of Head diseese or condition resulting in death) Examiner The law requires that the death certificete be executed Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): and P.O. Box 68760, Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? á 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown signed b Division of Vital Records, þ Completed 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? this certificate 1€Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes cese referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 Yes 2□ No Other: 4 ☐ Nursing Home 5 💢 Residence 6 ☐ Other (Specify) 27. Menner of Deeth 28e. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? Injury After or Attending 1 Neturel 5 Pending investigation Forging A self-inflicted gunshot
281. Location (Street and Number or Aural Route Number,
City or Town, State) 166 Fern Drive 1 ☐ Yes death. 2 Accident 6-1-97 s after death 6 Could not be determined 30 Suicide in by t Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide towne home. To the Hospital within 24 hours a To the Funeral Completely filled Hospital Voppa Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, and due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner stated. 29b. Signeture end fitle of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

State Registrar JUN 0 6 199

hute no 111 Penn Street, Baltimore, Maryland 21201

31 Register's Signature

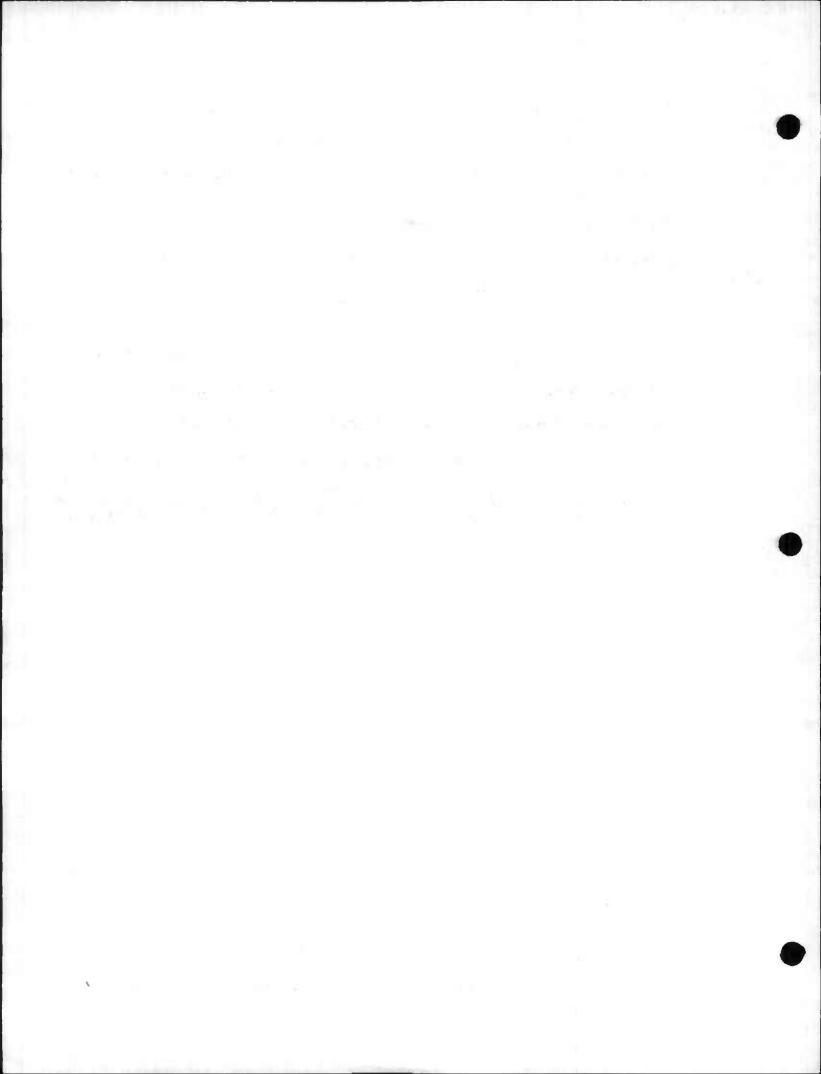
Suran Audien-Audien

O.C.M.E.

JUNE 02, 1997

hup no

30. Name end eddress of person was completed cause of deeth (Item 23e) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death Carter 7100 pm June 4e. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death frankford Lorien Battimore Battimore Cit If Under 24 Hrs. Hours Min. 5. Social Security Number If Under 1 Year Birthpieca (State or Foreign Country) 6. Sax 7. Aga (In yrs. lest birthday) Months Days 1**/2**MM 2□ F 48 Yrs. 218-46-8769 Dec. 28, MD. 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A Baltimore XX Yes 2 No 10g. Citizen of What Country? U.S.A. 10e. Street and Number 10f. Zip Coda 21216 2862 Chelsea Terrace 12. Was Dacedent Ever In U,S. Armed Forces? 1 ☐ Yes ≥ 200 Mo If Yes, Give Year or Dates: Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) Reca - American Indian, Black, White, etc. 1 Navar Married 2 Married Specify: Black 1 ☐ Yes 2 No Specify: 3 Widowed 4 Divorced Decadent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede complated) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Policy Writer State Of Maryland 17. Fathar's Name (First, Middle, Lest) 18. Mother's Nama (First, Middle, Meiden Surneme) Mable Ellis Herbert Carter 19a. Informent's Name/Ralationship (Type, Print) daughter | 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2802 Chelsea Terrace Baltimore, MD. 21216 Cher-ron Carter 20a. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 20b. Place of Disposition (Neme of cemetary, cremetory or other pleca) 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Othar (Specify) June 9 Arbutus Memorial Park Baltimore County, MD 21. Signature Funeral Service License 22. Name end Address of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, MD. 21216 23a. Part1. Enter the disease, or complications the aused the death. Do not antar the mode of dying, such as cardiac or respiretory errest, shock, or heer failure. List only one cause kneed the death. intervel Between Onsat and Deeth Immediata Cause (Final sepsis week disaasa or condition rasulting in daeth) Due to (or as a consequenca of): 3 years ALOS Sequantially list conditions, if eny, laading to Immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Pert II. Other significant conditions contributing to daeth but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was case referred to medical examiner? 28. Place of Death (Chack only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28a. Dete of Injury (Month, Dey Yeer) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending invastigation

Examiner The law requires that the death certificate be executed physician and s the bunal-trans P.O. Box 68760 98 signed by t Records, cate has been sig this certificate of Vital s efter deeth.

If Director: After this ed in by the funeral d Division or Attending

by Completed Be 2 Certification:

edical

Physician/Medical

Physician

/Medicai

Examiner

MD.

Director

Funeral

by

Completed

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permit. Pages 1 and 2 should be file.
Department of Heath, and Mentair Hy important: If flem 27 is marked other any injury or other traumatteed other.

Physician /Medical

Examiner

Funeral

Director

Baltimore, Maryland 21215-00

27. Manner of Death 1 Natural

2 Accidant 3 ☐ Sulcida 4 T Homicide

29a. Certifiar

6 Could not be datermined

28a. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify)

1 ☐ Yes 2 ☐ No

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) end manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, end due to the ceuse(s) and manner stated.

29b. Signetura and title of cartifiar

stomas Hluss

29c. License number

29d. Date signed (Month, Day, Year)

30. Name and eddress of person who complated cause of daeth (itam 23a) (Type, Print) 10805 thickory Ridge Rd

THOMAS 31. Data filed (Month, Dey, Year)

32. Registrar's Signature

PUSSI, MD

State Registrar

DHMH 16 Rev 6/95

To the Hospital within 24 hours of To the Funeral Completely filled



State of Maryland / Department of Health and Mental Hygiene

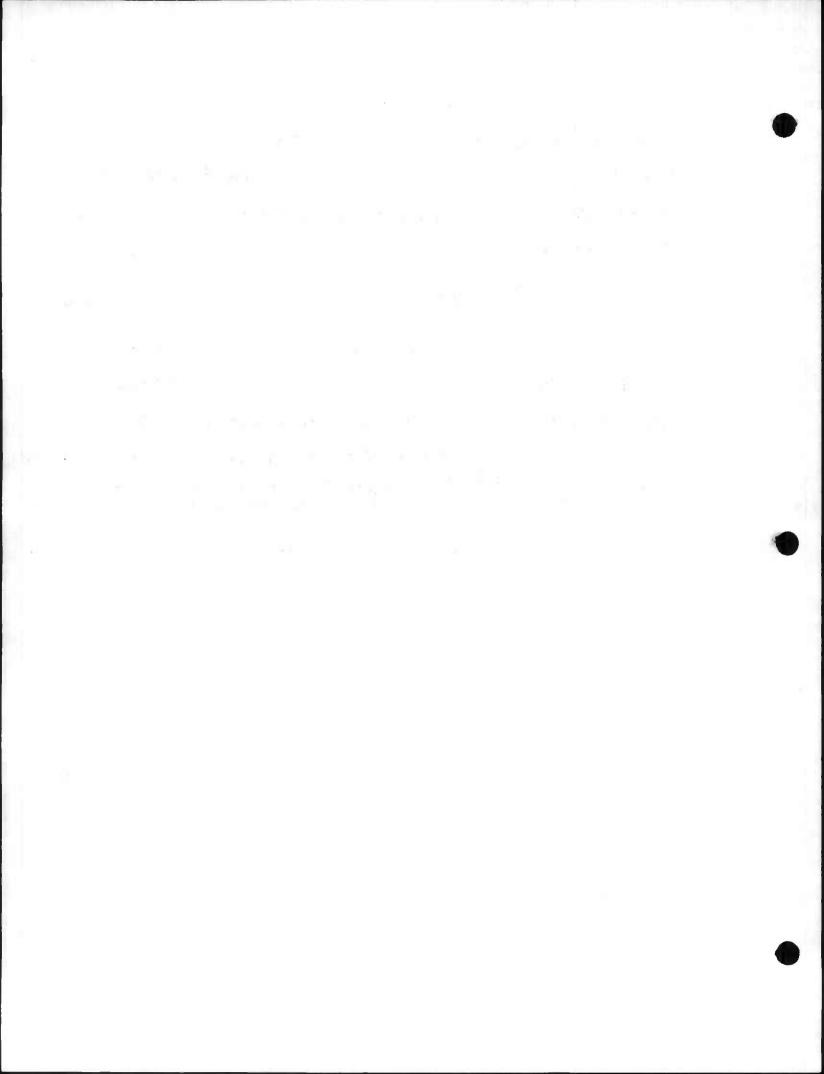
97 1697

| | | | | | Cert | ificate c | f Death | | Reg. No. | | |
|---|--|---|--|-----------------------|------------------------|--|--|---------------------------------------|-------------------------------|--------------------------------|--|
| Physician /Medical | 1. Decedent's Nema (Fi | rst, Middle, Las | GEORGE | ELME | ER CHEL | TON | | 2. Dete of Dec Month May 29 | eth Dey | Yeer | 3. Time of Death 3:15 AM |
| Examiner | 4a. Fecility Neme (If not | institution, give | e street end numbe | r) | | | 4b. City, Town, or | | * - | of Deeth | |
| | Caton Mai | | | | | | Baltimo | | N/ | | |
| uneral irector | 5. Social Security Numb 212-18-3709 Usual Residence of Dec |) 1 | ex M 2□ F | Age (In yrs. 80 | last birthdey) Yrs. | If Under 1 Ye Months De | | (Month, De | , 1917 | 9. Birthple Country Mary | ce (Stete or Foreigr y) and |
| show sdat | | . County | | | y, Town or Loca | | | | | 100 | d. Inside City Limits |
| notified at | Maryland | N/A | | Ва | ltimore | City | (Brook1 | yn) | | | 1⊠Yes 2□No |
| al D | 10e. Street end Numbar 3828 Six | th Stre | et | | | 10f. Zip Code | 21225 | | 10g. Citizen of V | Whet Country SA | V ? |
| 1.50 | 11. Marital Status 1 ☑ Never Married 3 ☐ Widowad 4 ☐ | | 12. Wes Deceder Armed Forces 1 X Yes 2 If If Yes, Give Year or Dates | 9 No 1.11.1 2 | lt, | as Decedent of fes, specify C ☐ Yas 2【 N | of Hispenic Orlgin? (Suben, Mexican, Puer No Specity: | Specify Yes or No- to Rican, etc.) | | ee - Amaricar ck, White, et | |
| Completed by | 15. (Specify of Elementary/Secondar | Dacedent's Ed nly highest gree y (0-12) | ucation de completed) Collega (1-40 | r 5+) | | | cupetion ne during most of wo irad) | rking | 16b. Kind of B | | |
| S | 17. Fether's Neme (First | Middle I get) | | | werde | er Help | | ma (Flunt & field) | Wolfe | | unn |
| To Be | Carrol1 | Chelt | | | | | Mary | | Peddi | cord | |
| traum | 19a. Informent's Name/ | | | | | ALL STATES | st., Bal | | | Stata, Zip C 225-18 | |
| ther | Rita Che | | Niece) | 20b. P | lace of Disposi | tion (Name of | | Dete | 20c. Location | | |
| 0 00 | 1 ☐ Burial 2 🛣 Cr | emation 3 🗆 | | C | emetery, creme | tory or other p | Inc. May | | | | |
| any injury | 4 Donetion 5 21. Signature of Funere | | | | | | dress of Fecility | 23, 31 | Cacons | viiic, | riar y rane |
| SUS | 1 | 7 | «« veviii e | . ECK | Mo | Cully- | Polyniak | Funeral | Home of | Brook | (lyn |
| | 23a. Pert1. Enter the di shock, or heart fai | sease, or comp ura. List only o | olicetions that causona causa on aach | ed the deeth lina. | n. Do not enter | the mode of o | atapsco A dylng, such es cardie | ve., Bal c or respiretory er | timore, | Á | 21225-1856 Approximete Intarval Batwean Onset end Death |
| lclan dical niner | Immediete Ceuse (Fina disease or condition rasulting In daeth) | | a. ASPI | - | TIO N | | NEUNU | NIA | | | Hours |
| ner n | | | | Dod to (O | i es e consequi | 31100 01). | | | | | |
| Examiner | Sequentially list condition | ns, | D. — | Dua to (or | r es e conseque | ence of): | | | | | |
| E E | Sequentially list condition if eny, leading to immediate. Enter Underlying Ceuse (Disease or Injurity) | lata | С | | | | | | | | |
| edicai | that Initieted events resulting in death) Lest | 1 | | Due to (or | es e conseque | ence of): | | | | | |
| Se as | | J | d | | | | | | | | |
| be detached for use as the burial-transit by Physician/Medical Examir | | | | | | | | | | | |
| nyst | Pert II. Other significent | | | | | | - | | | 1000000 | he causa of death? |
| y Pt | DIABE | es | MELLI | TUI | | | | 10 | res 2□ No | 3 Proba | bly Munknown |
| leted | DIABE- | LAR | HE | AR | T D | ISEA | SE | 24a. Was perfo | en eutopsy med? | evell | a autopsy findings eble prior to pletion of cause |
| omi | | | | | | | | 1 🗆 Y | es No | 10 | |
| Be Be | 25. Wes case raferred to examinar? | | Hospital: | | | | | ath (Chack only o | na) | | 7510 |
| To | 1 Yas 21 No | | 1 □ Inpa | | ER/Outpetient | 3LI DOA | 454 Nursing | Home 5 Resid | | | |
| ne fune | Natural 5 | Pending invastigation | | ley Year) | 28b. Time of Injury | 28c. In V | ljury et Vork? □ Yas 2 □ No | 28d. Describe h | low injury occur | red | |
| ed in by the funera Certification: | 3 Suicide 4 Homicide 3 Suicide 4 Homicide 3 Suicide 4 Homicide 4 Homicide 4 Homicide 4 Homicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, atc. (Specify) | | | | | | | | er or Rural I | Route Number, | |
| completely filled in by the funeral Medical Certification: | 29e. Cartifier (Check only one) 10 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceusa(s) and manner as the course of the time, dete end plece, and due to the ceusa(s) and manner as the course of the time, dete end plece, and due to the ceusa(s) and manner as the course of the time, dete end plece, and due to the ceusa(s) and manner as the course of the time, dete end plece, and due to the ceusa(s) and manner as the course of the time, dete end plece, and due to the ceusa(s) and manner as the course of the ceusal three time, dete end plece, and due to the ceusal three time, dete end plece, and due to the ceusal three time, dete end plece, and due to the ceusal three time, dete end plece, and due to the ceusal three time, dete end plece, and due to the ceusal three time, dete end plece, and due to the ceusal three time, dete end plece, and due to the ceusal three time, dete end plece, and due to the ceusal three time, dete end plece, and due to the ceusal three time, dete end plece, and due to the ceusal three time, dete end plece, and due to the ceusal three time, dete end plece, and due to the ceusal three time, determine the time, determine three times thre | | | | | | | | annar as stat and due to t | ad. he ceuse(s) | |
| comp | 29b. Signeture end title | 1 | | | | | onse number 26395 | | 29d. Date signe | d (Month, De | y, Year) |
| X | 0/ | fulle | amplet de la constant | death fire | 00-1 (7) | | | IMORE | | . / . | |
|) | 30. Name end eddrass of 821 N. | EUT/ | 4 IN ST | Georgi (Itam | SUIT | 407 | BALT | IMORE | - MA | 212 | 101 |

State Registrar

3.....

32 Registrar's Signeture Julya Navidson-Randelle



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 16978 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Deeth ARPENTER 10:50 PM MES 4b, City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) County of Death -len Burnier If Under 24 Hrs. 8. Date - 18 705 7. Age (In yrs. last birthday) If Under 1 Yaar 9. Birthplace (Stata or Foreign Country) West Virginia 5. Social Security Number 8. Date of Birth (Month, Day, Year) 170 M 2□ F Months Days 234-66-6747 June 27,1941 55 Usuai Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. inside City Limits 1 ☐ Yes 2☐No Pasadena Maryland Anne Arundel 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21122 U.S.A. 7841 East Shore Road Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 Mayes 2 No 1960 If Yes, Give Year or Dates: 1966 11. Maritai Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Ricen, atc.) 14. Race - Amaricen Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grade completed) Food and Drug Elementary/Secondary (0-12) College (1-4or 5+) Administration Electronics Tech. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) James Carpenter Theiss Freda 19e. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 7841 East Shore Road Pasadena, Maryland 21122 Anita V. Carpenter Wife 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burlal 2 ☑ Cremation 3 ☐ Removal from Stata 4 □ Donation 5 □ Other (Specify) June7,1997 Baltimore, Maryland Metro Crematory, Inc. 21. Signature of Funeral Servica Licensee 22. Name and Address of Facility McCully-Polyniak Funeral Home 23a. Part. Entar the diseasa, or complications that caused tha death. Do not anter the mode of dying, such as cerdiac or respiratory arrest,

Approximate shock, or heer feliure. List only one cause on each line. Approximata interval Between Onsat and Daath Immediate Cause (Final disease or condition rasulting in daath) Fibrillation Due to (or es a consequence of) Coronau Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of) Due to (or as a consequance of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Tyes 2 No 3 Probably 4 Unknown 24b. Wera autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? 2 No 2 No 1 Yas 1 🗆 Yes 25. Was case referred to medical 26. Plece of Death (Check only one) Hospitai: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ☑ ER/Outpatient 3 □ DOA 27. Menner of Death 1 Natural 28c. Injury et Work? 28a. Date of injury (Month, Dey Year) 28d. Describe how injury occurred 5 Pending Investigation 1 Yas 2 No 2 Accident 3 ☐ Suicide

Examiner Examiner buriel-transit pue physician the buriel Box 68760, certificete be Physician/Medicai esm Records, P.O. by 8 Completed peeu has certificate Division of Vital Be 10 After this Certification: or Attending a Funeral Director: After death.

Please Funeral Director: After death.

Physician

/Medical

Examiner

Director

þ

Completed

Be 2

Funeral

Director

7 is marked other than "natural", or Nems 23a or 28a-f show traumatic evant, the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours efter death v Department of Health end Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23, any Injury or other traumatic event, the Medical Examiner mass

Physician

/Medical

Baltimore, Maryland 21215-0020

the Meryland

6 Could not be determined 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify)

28f. Location (Street and Number or Rural Route Number, City or Town, State) 1 Certifying Physictan: To the best of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) end menner es steted.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) and manner stated.

29b. Signature and title of certified

29c. License number

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

300 Hospital DR #215, Glew BURNIE, MO 21061 SCHWAR MD Z 31. Date filed (Month, Day, Year)

State Registrar

Medical

JUN 0 6 1997

4 I Homicide

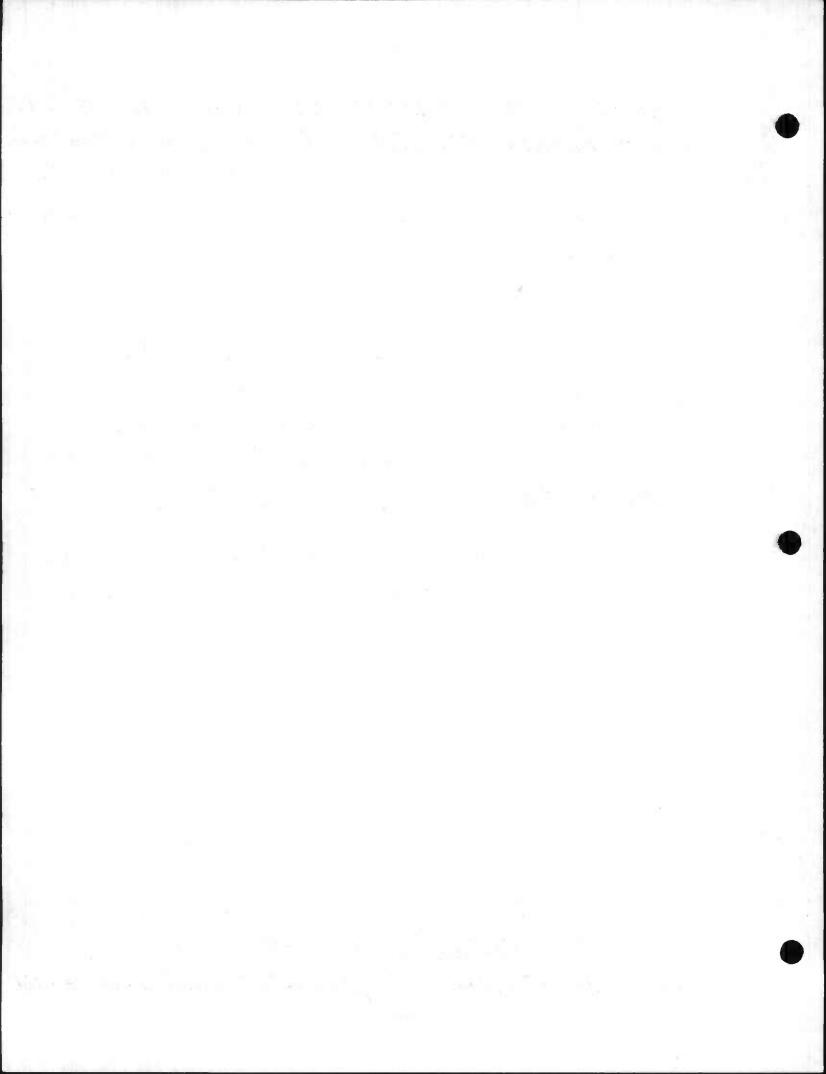
(Check only one)

29a. Certifier

Registrar's Signature who Davidson-Randell

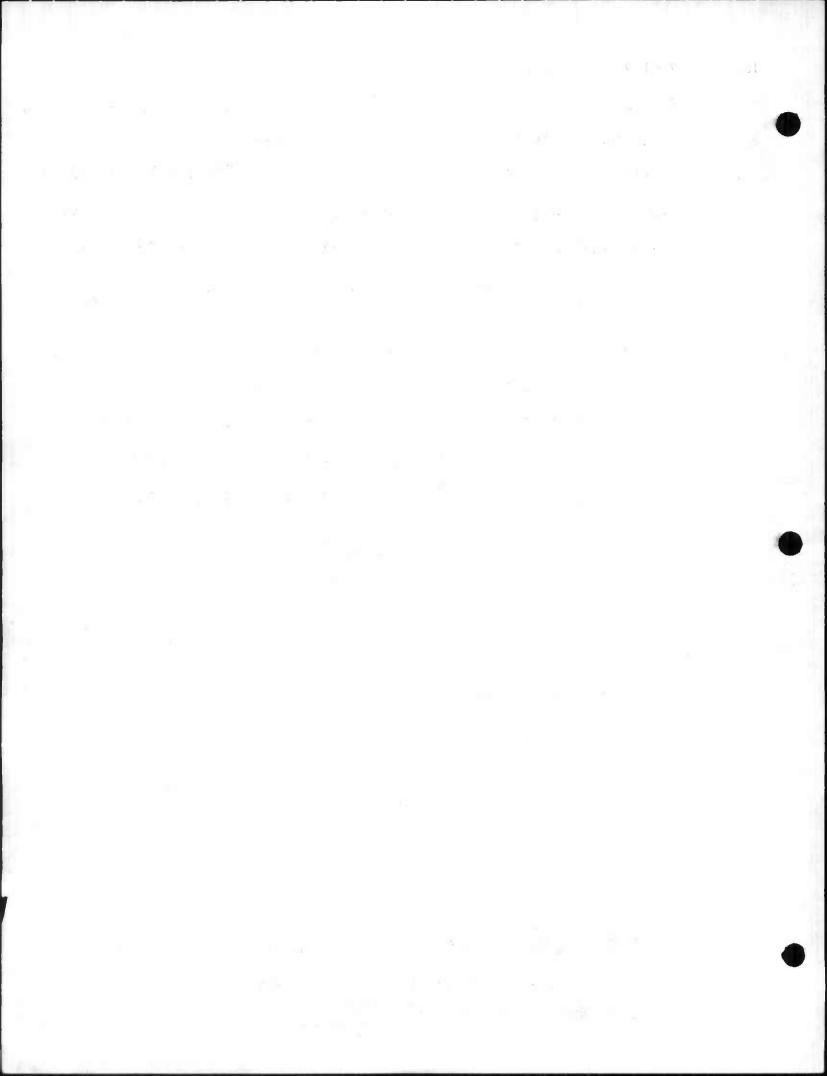
Hospital

within 2 ş



| - 14 0 | | ficate of Death | Reg. | |
|------------------|---|--|---|--|
| sician edical | Laid maile confe | | June | Day Year 2/:/5 A/ |
| miner | 4a. Facility Name (If not institution, giva street and number) ST. AGNES HOSPITAL | | Location of Death | 4c. County of Death n/a |
| ral lor | 216-28-5526 1□M 2₩₹ 68 Yrs. M | f Under 1 Year If Under 24 Hr. fonths Days Hours Mir | | 9. Birthplace (State or Foreign GARLAND, NC |
| | Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Locati | lon | | 10d. Inside City Limits |
| Director | MD n/a BAL | TIMORE | | 1 - XeX 2 - No |
| ā | | 21216 | 10g. | NITED STATES |
| by Funeral | | s Decedent of Hispanic Orlgin? (: ss, specify Cuban, Maxicen, Puei Yes ZONo Specify: | Spacify Yes or No- rto Rican, atc.) | 14. Raca - Amaricen Indian, Black, Whita, etc. Specify: BLACK |
| eted | 15. Decedent's Education 16a. Decedent | t's Usual Occupation | orking 16b | . Kind of Business/Industry |
| Completed | Etementery/Secondary (0-12) College (1-4or 5+) life. DO | d of work done during most of wo NOT use retired) RSE'S AID | | ERRIDIAN HEALTH |
| Be | 17. Fathar's Nama (First, Middle, Last) | | ame (First, Middle, Maid | |
| To | JOHN D. FAIRCOTH | | BESSIE S | TEWART |
| | 19a. Informant's Name/Relationship (Type, Print) EVA BIVENS - SISTER 2203 | Address (Straat and Number or F | | ty or Town, State, Zip Code) LTO., MD 21216 |
| | 20a. Method of Disposition 20b. Placa of Disposition | on (Neme of | | Location - City or Town, State |
| | Manual 2 Cremation 3 Linemoval from State | EMORIAL PARK | R | ANDALLSTOWN, MD |
| 8000 | 21. Signature of Funeral Service Licensee | ama and Address of Facility | | |
| a | 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the shock, or heart feiture. List only one cause on each line. | M. C. MARCH F | | WABASH AVENUE |
| Aedicai Examiner | Immediate Cause (Final disease or condition resulting in deeth) Due to (or as a consequent of any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Civrus 6 Due to (or as a consequent of any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last | failure. | | |
| Physician/M | d | | | |
| | Part II. Other significant conditions contributing to death but not resulting in the under | rlying cause given In Pert I. | | cc use contribute to the cause of death? 2 No 3 Probably 4 Unknown |
| Completed by | | | 24a. Was an au performed | 24b. Were autopsy findings available prior to completion of cause of death? |
| | | | 1 ☐ Yes | 2 No 1 Yes 2 No |
| o Be | 25. Was case referred to medical axaminer? 1 Yes 2 No Hospital: 1 Monation: 2 FR/Outpatient: 2 | Other | eath (Check only one) | _ |
| n: To | 27. Manner of Death 28a. Date of Injury 28b. Time of | BOA VIOLENTIA 4 Nursing I | Home 5 Residence 28d. Describe how in | |
| Certification: | | M 1 Yes 2 No | 28f. Location (Straet City or Town, St | end Number or Rural Route Number, ete) |
| edical Ce | 29a. Cartifiar (Check only 2 Medical Examinar: On the best of my knowledge, death ox | curred et the time, date and plece | e, end due to the cause | o(s) end manner as stated. |
| Med | one) and manner stated. 29b. Signeture and title of certifier | 29c. License number | | |
| | Ramuz Regident | P 1 0 8 8 0 | 6 | Date signed (Month, Dey, Year) |
| | | | | |
| | 30. Name and eddress of person was completed cause of deeth (Item 23a) (Type, Prin Rame 2 Tangur Sayyesh | | ques lto | SPITM |

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth A. COLBEL Elizabeth. Month **Physician** 8.00 PM /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Catonsville Commons Catonsville Baltimore If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 5. Sociel Security Number 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. last birthdey) Birthplece (Stete or Foreign Country) **Funeral** 1 M 2 X F Yrs Director 216-30-7793 93 Jan 13, 1904 Maryland Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 🖾 No Directo Maryland Baltimore Catonsville 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 16 Fusting Ave. 21228 USA 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Black, Whita, etc. 1 ☐ Yes 2 🖾 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried Specify: 3 Midowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamentary/Secondary (0-12) Collega (1-4or 5+) Unknown Homemaker Own Home 17. Fether's Neme (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumeme) Otto Voss Unknown permit. Pages 1 and 2 sh Copartment of Health and Important: If them 27 is ma any injury or series 27 is ma 19a. Informent's Neme/Raletionship (Type, Print) 19b. Mailing Addrass (Street and Number or Rurel Route Number, City or Town, Steta, Zip Code) Beverly Greene (Granddaughter) 3666 Double Rock La. Parkville, MD 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 20a. Method of Disposition Date 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Bel Air Memorial Gardens 6-3-97 Bel Air, Maryland 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 23a. Perfl. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one cause on each lina. Approximete tntarvel Batween Onset end Deeth Physiclan /Medical Immediate Ceuse (Final diseese or condition resulting in daath) MYOCARDIAL INFARCTION Examiner Due to (or as a consequence of): Examiner HYPERTENSION physician and the burial-transit Sequantially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disaase or injury that initiated evants resulting In death) Last Dua to (or es a consequence of). Physician/Medical Due to (or es e consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Serile Dementia. þ 24b. Were autopsy findings eveilable prior to completion of cause of deeth? Completed Osteo anthritis. 24a. Was en eutopsy performed? 1 ☐ Yas 2 No 25. Was case referred to madical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA Othar: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 27. Menner of Death 28h Time of 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 5 Pending investigation 1 Neturel NA 1 Yes 2 No ofter death Director: A 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stala) 28e. Place of Injury - At home, farm, streat, factory, offica building, etc. (Specify) 4 Homicida within 24 hours aft

To the Funeral Discompletely filled in 29a. Certifier Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, data end place, and due to the causa(s) and mannar as steted. (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) end menner stated. 29c. License number 29d. Date signed (Month, Day, Year)

Registrar

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Baltimore, Maryland 21215-0020

Box 68760,

Division of Vital Records, P.O.

or Attending Physician:

After

death.

within 2 To the

2 should be to and Mental H is marked off

31. Date filed (Month, Dey, Yaar) JUN 0 6 1997

N. B. VE WANKI,

30. Nama and eddress of person who completed cause of deeth (Item 23e) (Type, Print) PRITE: # 100, Ellicati City. MD. 21042
N.B. VELLANK, 9055, CHEVROLET DRITE: # 100, Ellicati City.

D. 30469

June 2nd 1997.

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BALTIMORE, MARYLAND 21215-0026 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending 10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as in be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

- IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumalic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 6876

Robert Anthony Costa

Pages 1, 2, 3 should

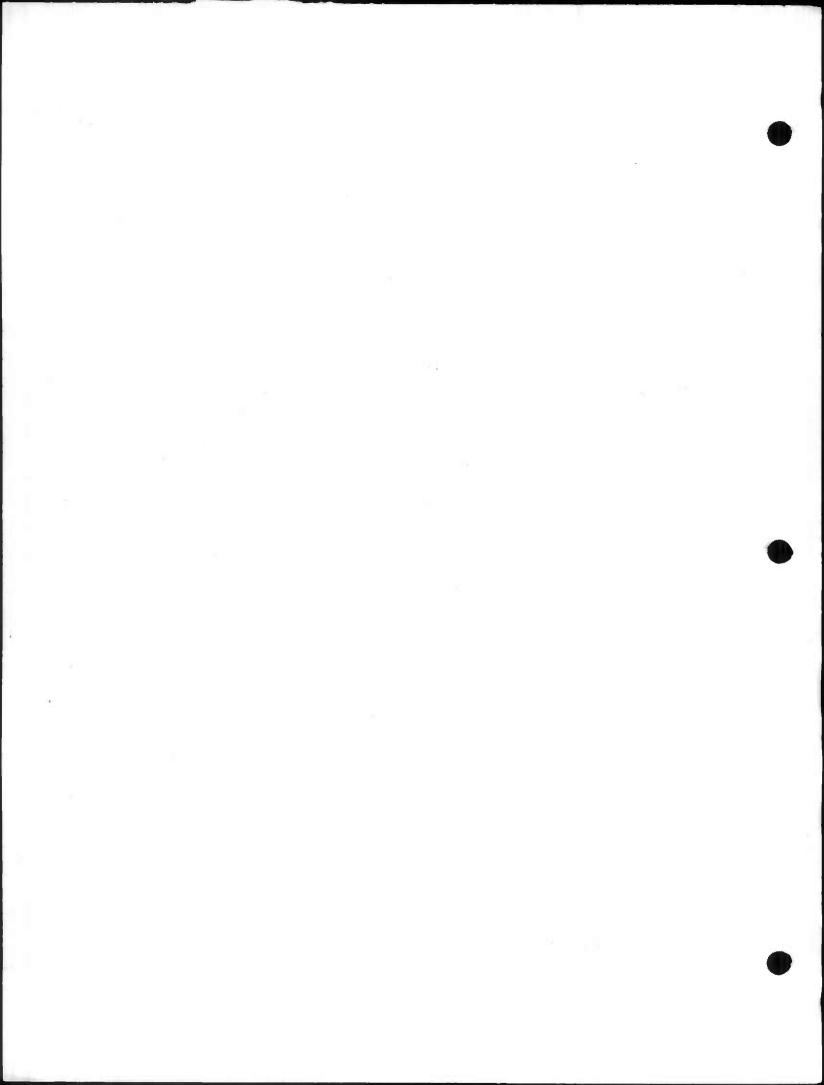
| 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) POBERT A. MSTA 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdley) F UNDER 1 YEAR F UNDER 24 HRS. T. DATE OF BIRTH (Month, Dev, Year) VES. MONTHS DAYS HOURS MIN. MONTH, Dev, Year) VES. MONTHS DAYS HOURS MIN. MONTH, Dev, Year) | | FOR | CTATE OF MA | IDVI AND / D | CDA O3 | MENT OF H | CALTIL AND I | AENTAL HVOIEN | - | 97 | 169 | 18 |
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| FALLSTIN CENERAL PLOST FALLSTIN HARDOD FALLSTIN HARDOD | - 1 | | | 53 | YRS. | | | | _ | | | MD. |
| No. STREET AND NUMBER 101. ZIP CODE | ~ | 9e. FACILITY NAME (If not institution, give str | set and number) | | | 9b. CITY, TOWN C | R LOCATION OF DE | ATH | 9c. CC | OUNTY OF D | EATH | |
| TO STREET AND NUMBER 701. ETITLES OF WHAT COUNTRYT 702. ETITLES OF WHAT COUNTRYT 703. ETITLES OF WHAT COUNTRYT 11. MANTH STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 14. MANTH STATUS 15. Never Married 16. Never Married 17. Never Married 18. DECEDENT STATUS 19. VES 2 NO 19. VES | 5 | FALLSTON GENERAL HOSPT | ΓAL | | | FALLSTO | 1 | | LΗΔ | REORD_ | | |
| TO STREET AND NUMBER 701. ETITLES OF WHAT COUNTRYT 702. ETITLES OF WHAT COUNTRYT 703. ETITLES OF WHAT COUNTRYT 11. MANTH STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 14. MANTH STATUS 15. Never Married 16. Never Married 17. Never Married 18. DECEDENT STATUS 19. VES 2 NO 19. VES | E | 10a, STATE 10b, COUNTY | | 1 | Oc. CITY | TOWN OR LOCAT | ION | | | | | Υ |
| TOJ FFG SCN POAD 12. WAS DECEDENT EVEN IN U.S. AMED 13. WAS DECEDENT (General Marketa 2 Marriad 1 PORCES? 1 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, Purto Rican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, etc. 1 YES 2 MO If yes, specify Cuber, Marican, etc. 1 YES 2 MO If yes, specify Cuber, etc. 1 YES 2 MO If yes, specify Cuber, e | 0 | | | | JOPP/ | Δ | | | | | | NO NO |
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| New Merried 2 Married PORCEST YES 2 WO If Yes, apecify Cobarn, Masteran, Porto Rican, etc.) Seech; Wildows Divorced Divorce | E | | | | | | | | | _ | | |
| Secretary Secr | B | | FORCES? 1 | YES 2 NO | D | If yee, sp | city Cuban, Maxica | n, Puerto Rican, atc.) | or No- | Blac | k, White, etc. | llan, |
| Separation Sep | | 3 Widowed 4 Divorced | | | | 1 U YES | 2 X NO Specify | y: | | Spec | | |
| BEHNEHAM STEEL CORP. STEP NORTH to meried. | ED | 15. DECEDENT'S EDUC | ATION | 16a. DECEI | | | | 16b. KIND OF BU | SINESS/I | NDUSTRY | | |
| SALVAIUNE CUSTA 150. INFORMATI'S NAME (Type/Print) 150. MAILING ADDRESS (Street and Number or Pairal Route Number, City or Town, State, Zip Code) 150. INFORMATI'S NAME (Type/Print) 150. MAILING ADDRESS (Street and Number or Pairal Route Number, City or Town, State, Zip Code) 150. MAILING ADDRESS (Street and Number or Pairal Route Number, City or Town, State, Zip Code) 150. MAILING ADDRESS (Street and Number or Pairal Route Number, City or Town, State, Zip Code) 150. MAILING ADDRESS (Street and Number or Pairal Route Number, City or Town, State, Zip Code) 150. MAILING ADDRESS (Street and Number or Pairal Route Number or | | | | life. Do | NOT use | retired.) | at or working | | | | | |
| SALVAIUNE CUSTA 150. INFORMATI'S NAME (Type/Print) 150. MAILING ADDRESS (Street and Number or Pairal Route Number, City or Town, State, Zip Code) 150. INFORMATI'S NAME (Type/Print) 150. MAILING ADDRESS (Street and Number or Pairal Route Number, City or Town, State, Zip Code) 150. MAILING ADDRESS (Street and Number or Pairal Route Number, City or Town, State, Zip Code) 150. MAILING ADDRESS (Street and Number or Pairal Route Number, City or Town, State, Zip Code) 150. MAILING ADDRESS (Street and Number or Pairal Route Number, City or Town, State, Zip Code) 150. MAILING ADDRESS (Street and Number or Pairal Route Number or | M P | | 5 | STEEL | VOBK | R | | | | | · | |
| THE INFORMANT'S NAME (**Pop**Print) THE MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 704 FERGUSON ROAD JOPPA, MARYLAND 21085 205. PLACE AND DATE of DISPOSITION 1/2 Build 2 Commander or Town State) 4 Donation 1 Other (Specify) 21. SIGNATURE OF FUNRAL SERVICE LICENSEE 22. PART I. Enter the disables, or complications that cause on each line. 23. PART I. Enter the disables, or complications that cause on each line. 13. PART I. Enter the disables, or complications that cause on each line. 14. DUE TO (OR AS A CONSEQUENCE OF): 15. WAS CASE REFERRED TO MEDICAL EXAMINERY 15. WAS CASE REFERRED TO MEDICAL EXAMINERY 15. WAS CASE REFERRED TO MEDICAL EXAMINERY 15. WAS CASE REFERRED TO MEDICAL EXAMINERY 15. WAS CASE REFERRED TO MEDICAL EXAMINERY 15. WAS CASE REFERRED TO MEDICAL EXAMINERY 15. WAS CASE REFERRED TO MEDICAL EXAMINERY 15. WAS CASE REFERRED TO MEDICAL EXAMINERY 15. WAS CASE REFERRED TO MEDICAL EXAMINERY 15. WAS CASE REFERRED TO MEDICAL EXAMINERY 15. WAS CASE REFERRED TO MEDICAL EXAMINERY 15. WAS CASE REFERRED TO MEDICAL EXAMINERY 15. WAS CASE REFERRED TO MEDICAL EXAMINERY 15. WAS CASE REFERRED TO MEDICAL EXAMINERY 15. WAS CASE REFERRED TO MEDICAL EXAMINERY 16. WAS CASE REFERRED TO MEDICAL EXAMINERY 16. WAS CASE REFERRED TO MEDICAL EXAMINERY 16. WAS CASE REFERRED TO MEDICAL EXAMINERY 16. WAS CASE REFERRED TO MEDICAL EXAMINERY 16. WAS CASE REFERRED TO MEDICAL EXAMINERY 16. WAS CASE REFERRED TO MEDICAL EXAMINERY 16. WAS CASE REFERRED TO MEDICAL EXAMINERY 17. WAS CASE REFERRED TO MEDICAL EXAMINERY 18. PLACE OF DEATH (Morty), May 19. WORKY 19. WORKY 19. WORKY 19. WAS CASE REFERRED TO MEDICAL EXAMINERY 19. WORKY 19. WORKY 19. WAS CASE REFERRED TO MEDICAL EXAMINERY 19. WORKY 19. WORKY 19. WAS CASE REFERRED TO MEDICAL EXAMINERY 19. WORKY 19. WORKY 19. WAS CASE REFERRED TO MEDICAL EXAMINERY 19. WORKY 19. WORKY 19. WORKY 19. WAS CASE REFERRED TO MEDICAL EXAMINERY 19. WORKY 19. WORKY 19. WORKY 19. WAS CASE REFERRED TO MEDICAL EXAMINERY 19. WORKY 19. WORKY 19. WAS CASE | | | | | | | | | Sumame |) | | |
| MILDRED COSTA (MOTHER) 704 FERGUSON ROAD JOPPA, MARYLAND 21085 | BE | | | 105. 8 | I A H I INC | ADDRESS (Street | | | ur Chata | 7/n Codel | | _ |
| 20b. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION Name of comments of the comm | 2 | | | | | | | | | 2(p C00e) | | |
| A Donetion S Other (Specify) | | |) | | | | | | | — City or Ti | own, State | |
| 22. NAME AND ADDRÉSS OF FACILITY E. F. LASSAHN FUNERAL HOME, P. A. 11750 REI ATR POAD KTNSS/TILLE MARYLAND 21087–135. Approximate interval Bet poack, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO | | | val from State | | | | NE 6 1997 | PALT | TMODE | = MAD | VI AND | |
| 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentiality list conditions, if any, leading to immediate cause. Enter UNDERLYING (AUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO | | 21. SIGNATURE OF FUNERAL SERVICE LICE | ENSEE | | 1,41,11 | 22. NAME A | ID ADDRESS OF FA | CILITY | | , IVIA | | |
| 23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory streat, inherival Bet | | Mostly to | mh Ot | nimo | V. | | | | | | | |
| IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CO | | | | | n. Do n | | | | | | Approxim | nata |
| Color Constitution Color | | | ist only one caus | e on each line. | | 1 | 00 | 1 | | < | | |
| DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A | | disease or condition | lull | Smu | OC | ende | ul Obs | tuch | | 5 6 | LHON | 1 |
| PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 | | Tools and the second | DUE TO (| OR AS A CONSECUE | ENCE OF |): | | 1 | _ r | | 18.10 | |
| PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 | N | Sequentially list conditions | . CONE | nau | 10 | wite | uj Q | medi | e_ | | 47-6 | ort |
| PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24e. WAS AN AUTOPSY PERFORMED? 1 | Ĕ | if any, leading to immediate | DUE TO (C | OR AS A CONSEQUE | ENCE OF |): | | | | | | U |
| PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 | S | CAUSE (Disease or injury | DUE TO (| OR AS A CONSEQUE | ENCE OF | 0: | 1 | | | | | |
| PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 | E | | | | | | | | | | | |
| DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO THER: 1 YES 2 NO OTHER: 26. PLACE OF INJURY 1 YES 2 NO THER: 1 YES 2 NO 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 28. PLACE OF INJURY At home form street factory office. 28. PLACE OF INJURY At home form street factory office. 28. PLACE OF INJURY At home form street factory office. 28. PLACE OF INJURY At home form street factory office. 28. PLACE OF INJURY At home form street factory office. 28. PLACE OF INJURY At home form street factory office. 28. PLACE OF INJURY At home form street factory office. 28. PLACE OF INJURY At home form street factory office. | S | | | | | | | | | | 1 | |
| DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | SAL. | PART II. Other aigniticent conditions | i contributing to o | leath but not rea | uiting i | n the underlyin | g cause given in | | | SY 24 | AMAILABLE PRIO | R TO |
| DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 | ğ | | | | | | | 1 TYES | NO | | | CAUSE |
| 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO | <u>N</u> | DID TORACCO LISE CONTE | DIBLITE TO CAL | ISE OF DEATH | 1 VE | S NO F | 1 LINICEDTAL | | | | 1 TYES 2 | No |
| 2 Accident Investigation 2 Accident 28e PLACE OF INJURY — At home form street factory office. 28f LOCATION /Street and Number or Burel Boute Number. | AN | | IBOIL TO CAC | | | | ONCERIA | | | | | |
| 2 Accident Investigation 28s. PLACE OF INJURY — At home form street factory office. 28st LOCATION (Street and Number or Burel Boute | SICI | EXAMINER? | HOSPITAL: | ER/Outpatient 3 🗆 | DOA | | a 5 🗆 Basidence | 6 Other (Specify) | | | | |
| 2 Accident Investigation 28s. PLACE OF INJURY — At home form street factory office. 28st LOCATION (Street and Number or Burel Boute | ΗX | | 28e. DATE OF I | NJURY 2 | 26b, TIMI | E OF 28c. IN. | URY AT | | INJURY | OCCURED | . <u>.</u> | |
| | | Incomplete the second s | (MORIT, Da) | r, rear) | INJ | | | | | | | |
| 4 Homicide determined 29e. CERTIFIER (Check only one) 3 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) end menner as stated. | | 3 Suicide 8 Could not be | | | , ferm, s | treet, factory, offic | • | | | ber or Rural | Route Number, | |
| 29e. CERTIFIER (Check only one) 29e. CERTIFIER (Check only one) 3 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(a) end menner as stated. | | 4 Homicide determined | | | | | | | | | | |
| one) / MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, data and place, end due to the ceuse(s) end menner es ata | PLI | (Check only | CIAN: To the best of r | ny knowledge, death | occurre | ed at the time, date | end place, end due | to the cause(a) end me | nner as | stated. | | |
| X II | OM | one) MEDICAL EXAMINE | 2: On the basis of exp | mination end/or inv | estigatio | n, in my opinion, | leath occured at the | time, data and place, e | nd due t | the ceuse | (s) end menner es | atated. |
| 29c, LICENSE NUMBER 28th, Date Signed (Month, Day, Year) | ш | 296. BIGNATURE AND TITLE OF CENTIFIER | ,) | | | | 29c LICENSE NU | MBER | 204. [| DATE SIGNE | D (Month, Day, Yea | 7) |
| 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27 /Jone Address) | | - hourse | ucc. | | | | 1183 | 57 | per | re | 4, 199 | 1 |

30. NAME AND ADDRESS OF PERBAN WHO COMPLETED CAUSE OF DEATH (IJEM 27) (Typp-

31. DATE FILED (Month, Day, Year)

JUN 0 6 1997 3 REGISTRAR'S SIGNATURE
Filma Davidson-Andelle

DHMH-16 Rev 1/89

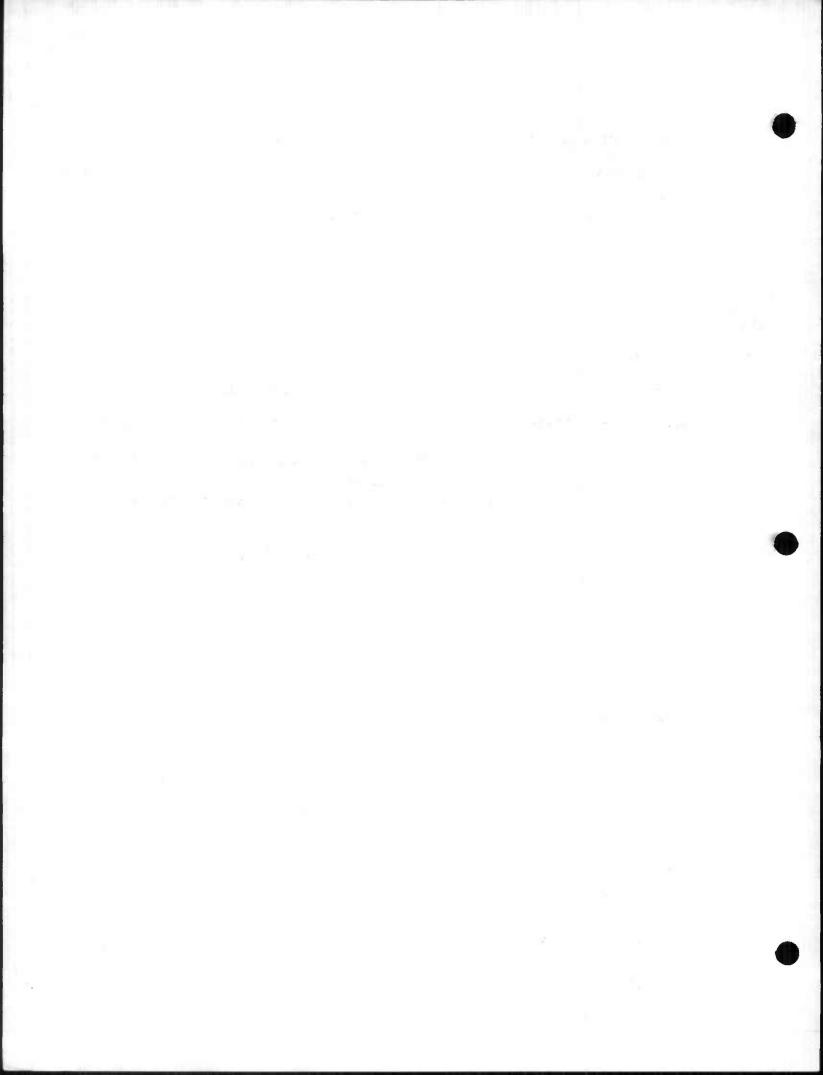


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

97 16982

| | | | | | | Oei | uncate | UI I | Dealli | | | Reg. No. | | | |
|---|-------------------------------|--|---|----------------------------|--------------------------------|--|--|-----------------|----------------------------|-----------------|-------------------------------------|------------------------------|----------------------------|--|-------------------|
| Physicia | ın | Decadant's Nem | | , | | | | | | | 2. Dete of D Month | Dey | Yeer | | of Death: 10AM |
| /Medica | | 4e. Fecility Neme (| LOUI If not institution, g | | DeHOF | F | | - 1 | lb. City, To | wn, or L | ocation of Dee | th 4c. Coun | ty of Deeth | 11 | : TUAM |
| | | Stella M | | pice | | | | | | owso | on | Ba | ltimo: | | |
| Funeral Director | | 5. Social Security N 215-32-9 | 772 | Sex 1 □ M 2 X XF | 7. Age (In yrs | . lest birthday) Yrs. | If Under 1 Months | Year Deys | if Under Hours | 24 Hrs. Min. | 8. Dete of B (Month, D July 1 | irth 6ay, Year) 6,1907 | 9. Birthp Cour Mal | oiece (Stete ntry) rylan | e or Foreign d |
| * 11 | | Usuel Residence o 10a. Stete | 10b. County | | 10c. C | ity, Town or Lo | cation | | | | | | 1 | IOd. Inside | City Limits |
| or 28s-f show be notified at | ctor | Maryland | Balto. | City | | Balt | imore | Ci | ty | | | | | 1 🖾 Ye | es 2 No |
| a or 2 De no | Olire Dire | 10e. Street end Nu | | | | | 10f, Zip C | | 1212 | | | 10g. Citizen of | Whet Cour | ntry? | |
| | Funeral Director | 11. Maritai Stetus | ied 2 Married | - | edent Ever in torces? | | Was Deceder f Yes, specify | nt of H | ispenic Ori en, Mexicar | | ecify Yes or N Rican, etc.) | | ce - Americ eck, White, | | |
| | d by | 3 ₩ Widowed | | Yeer or E | Dates: | | | | | | | Spec | wn: | ite | |
| ap) | pleted | (Spec | 15. Decedent's E cify only highest gr andary (0-12) | rade completed) | 1-4or 5+) | 16e. Deced (Give life. L | lent's Usuei (kind of work DO NOT use | done of retired | ation duning mos d) | t of work | ring | 16b. Kind of I | Business/In | dustry | |
| 五二 | Com | 12 years | | N/A | | Sec | retary | / | 40.14 | | | Jobe : | | | |
| | To Be C | George Re | | ST) | | | | | | | Dippel | e, Ma iden Sume | me) | | |
| umat | - | 19e. Informent's Na | | (Type, Print) | | 19b. Mailir | g Addrass (| Street | | | | ber, City or Town | n, Stete, Zip | Coda) | |
| ner tra | 1 | Mr. Micha | | igman | | | | | a Ave | nue | Baltim | ore, Md | . 2120 | 06 | |
| orlant; if liem 27 injury or other to 8. | | | ☐ Cremetion 3 l | | State | Pleca of Dispo cemetery, cren rkwood | natory or oth | er pled | | INE 5 | Dete 5, 1997 | Baltin | | | |
| any inj | | 4 Donation 5 Other (Specify) Parkwood Cemetery JUNE 5, 1997 Baltimore, 21. Signefure of Funeral Service Licansee 22. Name and Address of Facility Lassann Funeral Home 7401 Belair Rd. Baltimore, Md. 21236 23a. Pert1. Enter the disease, or complications that baused the death. Do not enter the mode of dying, such es cardiac or respiretory errast, shock, or heart failure. List only one cause on each line. | | | | | | | | | | | | | |
| ledical aminer | aminer | Immediate Ceuse (disaase or condition resulting in daath) | in . | e | Dua to (| or as a consequence or es e consequence | 1 | A | to | lu | ~ | | | | |
| nding physician and use es the burlai-transit | by Physician/Medical Examiner | Sequantially list co if eny, leading to in causa. Enter Unde Ceuse (Disease or that initiated events resulting in deeth) in | nmediate erlying Injury S Lest | c | | or es e conseq | | | | | | | ì | | |
| the etter | Iclar | Pert II. Other signif | icent conditions | contributing to d | eath but not re | sulting In the ur | ndertving cau | se niv | an In Part I | | 23h Die | i tobecco use c | ontribute to | n the caus | e of death? |
| been signed by the ette should be detached for | y Phys | Cor | | | | The state of | | oo gir | on with one | | 19 | Yes 2□No | | | Unknown |
| should | Completed | | | | | | | | | | 24e. We | s an autopsy formed? | ev | are eutops eilable pric empletion of deeth? | or to |
| director, page 2 | 200 | | | | | | | | | | 1 🗆 | Yes 2 No | 1[| ∃Yes ≱ | No |
| | Re | 25. Was casa refer exeminar? | | Hospital: | | | | Oth | ar . / | | h (Check only | | | | |
| | 0 | 1 Yes 208- 27. Manner of Deet | h | 10 | of injury | 28b. Time of | | | 42001 | irsing Ho | | how injury occu | | fy) | |
| completely filled in by the funeral | Certification: | 27. Manner of Deeth Naturel 5 Pending 2 Accident 5 Could not be detarmined 280. Dete of Injury 280. Time of Injur | | | | | | | | No | 28f. Location | (Street and Nun | ber or Rura | al Route M | umber, |
| To the Funeral Director: After completely filled in by the funer | | 29e. Certifier | Certifying Pi | hysician: To the | best of my kn | owledge, daeth | occurred et | the tin | ne, dete en | d plece, | end dua to the | a causa(s) and n | nanner es s | iteted. | |
| the Fi | Medical | One) | 2 Medicai Exa | end men | asis of examine ner stated. | etion end/or inv | | | | th occur | red et the time | | | | |
| 000 | Σ | 29b. Signeture end | title of cartifier | 17 | - | | | | e number | 3 | | 29d. Date sign | ed (Month, | Dey, Yeer |) |
| 1. | | | | | | | | | | | | | / | | |
| 4 | - | 30. Name end eddr | | complated cause | | | Print) | | | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

97 169

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month 3. Time of Deeth **Physician** Yeer 3 1997 Harold Fred Earle June 0239 /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Anne Arundel Medical Center Anne Arundel Annapolis | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | Min. | Apr. 20, 5. Sociei Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** ,1930 Maryland XXM 2□F 67 Yrs. Director 216-22-3597 Usuei Residence of Decedent 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show 1. Yes 2 □ No Director Anne Arundel Annapolis 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? b 1000 Sextant Court 21401 USA 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1 Yes 2 No Specify: White Baltimore, Maryland 21215-002 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry A.A. Co. Compl Elementery/Secondary (0-12) Coilege (1-4or 5+) peimit. Pages 1 and 2 should be filled in Department of Health and Mertal Hygien Important. If Item 27 is marked other than any Injury or other traumatic. Bd. of Education Teacher 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Michael Earle Ida Ruth Rosenstein 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Anita Michaels Earle/Wife 1000 Sextant Court, Annapolis, MD 21401

Oe. Method of Disposition

Oe. Method of Disposition

Dete 20c. Location - City or Town, State 20b. Place of Disposition (Name of cametery, cremetory or other piece) 20e. Method of Disposition 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removai from State Kneseth Israel Cem. 6/4 4 ☐ Donetion 5 ☐ Other (Specify) Annapolis, MD 21. Signature of Funeral Service Licende 22. Name and Address of Facility
Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 21401 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervei Between Onset end Deeth Physician /Medical Immediete Ceuse (Final Meningins and diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner physician and the bunal-transit The lew requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): for use es esn signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 ☐ Unknown 1 mplogytic Records, þ 24b. Were eutopsy findings available prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? peed sease s certificate has b ial or Attending Physician: Tr is effer death. Is Director: After this certificate ed in by the funeral director, pa Division of Vital Be 25. Wes case referred to medical examiner? 28. Piece of Deeth (Check only one) 1 Yes N No 27. Manner of Deeth Hospitei: 1 Inpatient Certification: To Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Neturei 2 Accident 5 Pending Investigation 1 Yes 2 No 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) e Hospital or Atte n 24 hours efter de e Funeral Directo bletely filled in by ti 28e. Pieca of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 - Homicide Certifying Physician: To the best of my knowledge, death occurred et the time, dete end pieca, end due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end pieca, end due to the ceuse(s) and menner steted. 29e. Certifier (Check only one) To the Within 2 To the F 29b. Signeture end title 29c. License number 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) eter GRAZE M.D

Registrer's Signeture

Artia Davids

DHMH 16 Rev 6/95

State

Registrar

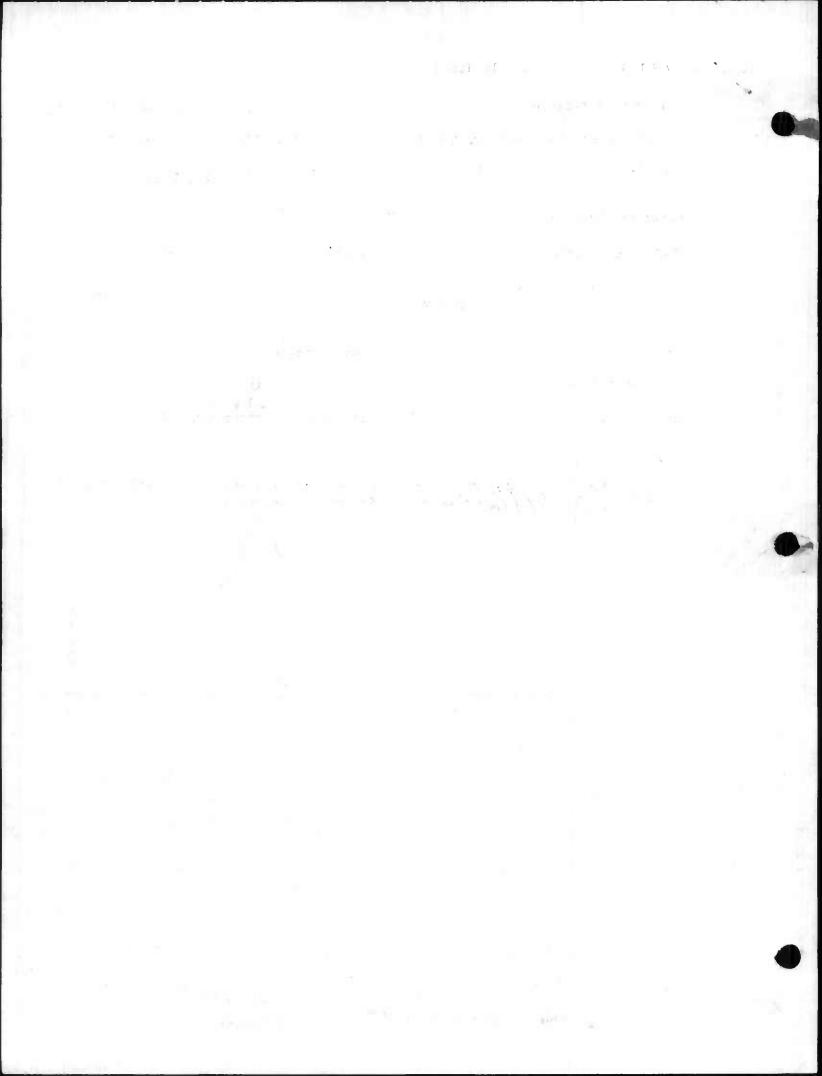
31. Dete filed (Month, Dey, Year)

JUN 0 6 1997

State of Maryland / Department of Health and Mental Hygiene

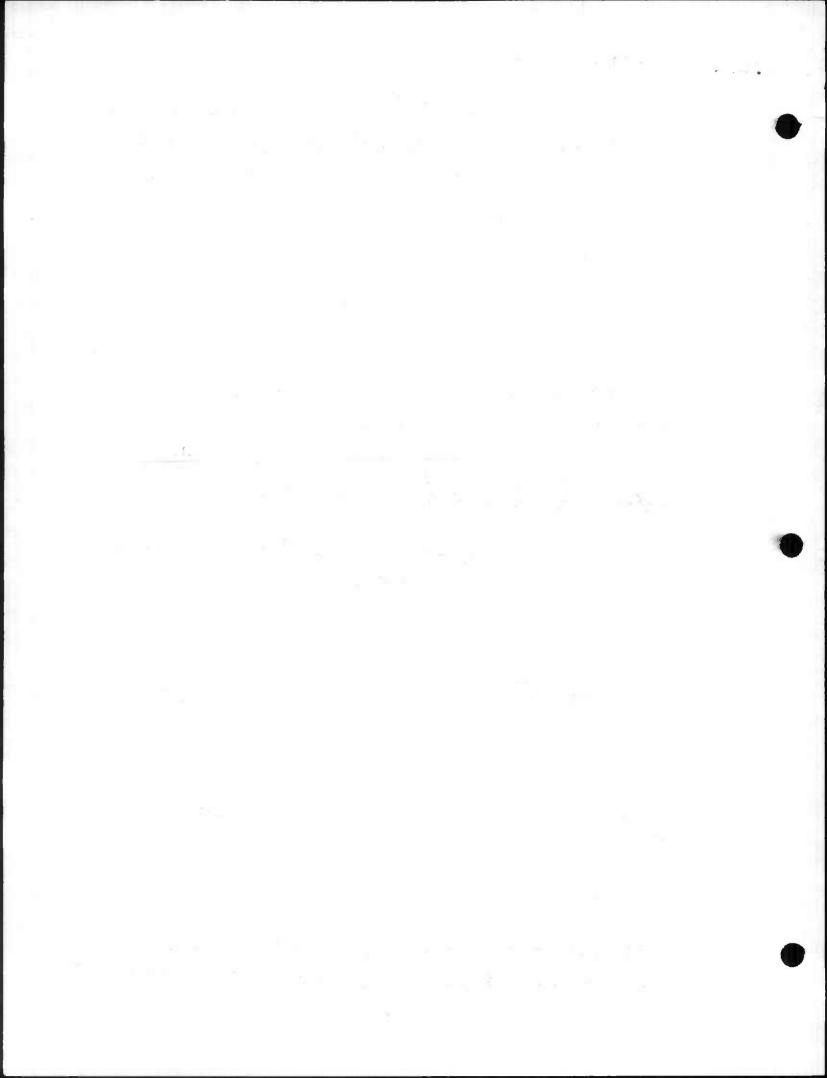
16984

| 2 should be filed within 72 hours after death with the Maryland and Mental Hygiene. Is marked other than "nature!, or items 23e or 28e-f show a caumatic event, the Medical Examiner must be notified at the Completed by Funneral Director. | by runeral Director | 388-01-1259 Usuei Residanca of Decedent 10a. Stete 10b. County Maryland Wicom 10e. Street and Number 1300 Hazel Stre 11. Marital Stetus 1 □ Never Married 2 ☑ Marrie 3 □ Widowed 4 □ Divorced 15. Decedent's | DNAL MEDI 6. Sex 154M 2 F ico eet 12. Was Dec Armed Fc 1 TY Yes | 7. Age (In yrs 77 10c. C Sa | Yrs. | Months | Year | SAL | ISBI Hrs. Min. | uRY 8. Date of Birtl (Month, Day Nov. 28 | WIC | 9. Birthp | pieca (Stete or Foreign | |
|--|---------------------|--|--|-----------------------------|--|---|-----------------|-----------------------|----------------------|--|---------------------------|-----------------------|--|--|
| within 72 hours after death with the Maryland liene. Then "naturel", or flerns 23s or 28s-f show the Mosicel Examiner must be notified at completed by Filmeral Director | by Funeral Director | Usuei Residanca of Decedent 10a. Stete 10b. County Maryland 10e. Street and Number 1300 Hazel Stre 11. Marital Stetus 1 Never Married 2 Marrie 3 Widowed 4 Divorced | ico ico italian ico ico ico ico ico ico ico ico | 77 | Yrs. | Months | | | Min. | | | | | |
| is filed within 72 hours after death with the Maryland It Hygiere. other than "naturel", or flems 23s or 28s-f show yent, the Motical Evantine must be notified at the Completed by Finneral Directors. | 2 | 10a. Stete 10b. County Maryland Wicom 10e. Street and Number 1300 Hazel Street 11. Marital Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. Was Dec | Saledent Ever in U | | | / Yrs. | | | | | Wis | Country) Wisconsin | |
| if libygiene. I Hygiene. other than "naturel", or flems 23s or 28 yent, the Medical Evanimer must be not ent, the Completed by Finnarial Director. | 2 | 1300 Hazel Str | 12. Was Dec Armed Fo | edent Ever in U | Salisbury 101. Zip Code | | | | | | | 1 | 0d. Inside City Llmits 1 ☐ Yes 2 ☐ No | |
| filed within 72 hours after dea I Hygiene. other than "naturel", or frems rent, "a Mexical Examiner in the Completed by Firms | 2 | 1 Never Married 2 Marrie 3 Widowed 4 Divorced 15. Decedent's | d 1/2 Yes | edent Ever in U | | 10f. Zip C 218 | | | | | U.S.A | | try? | |
| offied within 72 hull Hygiene, other than "naturent" rent, remited to Completed | paradino | 15. Decedent's | Year or D | rcas? | | Was Deceder If Yes, specify 1 ☐ Yes 2 | | | n? (Spe Puarto I | cify Yes or No- Rican, etc.) | 14. Rac Ble Specify | ck, White, white, whi | etc. | |
| office of Hy | | Elementary/Secondary (0-12) | Education grede completed) College (| 1-4or 5+) | (Give | | done retired | during most of Manage | | ng | 16b. Kind of B | | iustry | |
| should be filed and Mental Hygi marked other immetic event, To Be Co | 0 | 17. Fether's Neme (First, Middle, L Edward Ellison | | | | | | Ann | a Kı | (First, Middle, | | | | |
| ges 1 and 2 should be filed t of Health and Mental Hyg if Itam 27 is marked other or other traumatic event, To Be C | | 19a. Informent's Name/Reletionshi Ann Ellison | p (Type, Print) | 004 | 1300 | Hazel | S | end Numbar treet, | 51 | lisbury Isbury, | MD 218 | 04 | | |
| permit. Peges i Department of F Important: if its any injury or ot once. | | 20e. Method of Disposition 1 Burial 2 Cremetion 3 4 Donetion 5 Other (Spe | ecify) | State | Plece of Dispo cemetery, crer | natory or other | er pled | | | Dete | 20c. Location - | | | |
| Depar Impor any Irr DDCC | | 21. Signature of Fundrel Servica Li Rona lo | 11116 | wee_ | | Balt | imo | ore, Ma | aryl | land 212 | 201 | altim | ore St. | |
| Physician /Medical Examiner | | 23a. Parth. Enter the disease, or coshock, or heart failure. List of the state of t | e. | Mass Due to (| or es e consec | emonha | 10 | | | r respiratory and | est, | | Approximata Intervel Between Onset end Deeth | |
| certificate be assecuted nding physician end use es the buriel-transit | | Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Diseasa or injury that Initiated events resulting in deeth) Last | c | Dua to (c | or to ductor es e consequence de con | juanca of): / newyos uance of): | f's | fulk risic fis | e | | | | 1985 | |
| requiras that the death been signed by the atter ihould be deteched for u | - | Pert II. Other significant condition | s contributing to de | ath but not res | sulting in the un | | se giv | en in Pert I. | | 23b. Did to | | ntribute to | the cause of death? | |
| s been sign s should be | | 2) Hyperhaene | | | | | | | | 24e. Wes a perform | in autopsy med? | ava | ore eutopsy findings alleble prior to appletion of cause deeth? | |
| entific entific ector | 1 | 3) Ou ful os che 25. Wes case referred to medical exeminer? | Hospitel: | | Sucre | | Oth | ne: | Deeth | 1 ☐ Yo | 10) | |]Yes 2□ No | |
| tending leath. for: After tha funa cation | | 1 Yes 2 No 27. Manner of Deeth 1 Netural 5 Pending investiga 3 Suicide 6 Could no | 28e. Dete of (Mont) | of Injury h, Dey Year) | 28b. Time of Injury | 28c | Injun Work | 4 LI Nursi | 2 | ne 5 Reside | ow injury occur | red | | |
| To the Hospital or Attenwithin 24 hours after deat To the Funeral Director: completely filled in by the Medical Certifical | | 4 ☐ Homicide determin | ed 289. Place buildir | ig, etc. (Specil | | | | an deta- | | City or Tow | n, State) | | I Route Number, | |
| To the Hospital of within 24 hours aff To the Funeral DI completely filled in Medical Cer | | (Check only one) 29b. Signature and title of certifiar | aminer: On the ba | sis of axemine | nowledge, deeth occurred et tha time, dete end plece, e letion end/or investigetion, in my opinion, deeth occurre | | | | | d et the time, d | ete end plece, | end due to | the ceuse(s) | |
| F 3 F 8 | | Lanu | | Hard . | MID | | | o number 00 1969 | | | 9d. Data signed | | | |
| State | | 30. Name and address of person with Tames 4. Chis. 31. Date filed (Month, Dey, Year) | FORD M. J | of deeth (Item | n 23a) (Type, I Pine / eture | Bluff. | Rd | Suite 12 | ۷ | San | 5/21 155URY/ | No 2 | 1801 | |

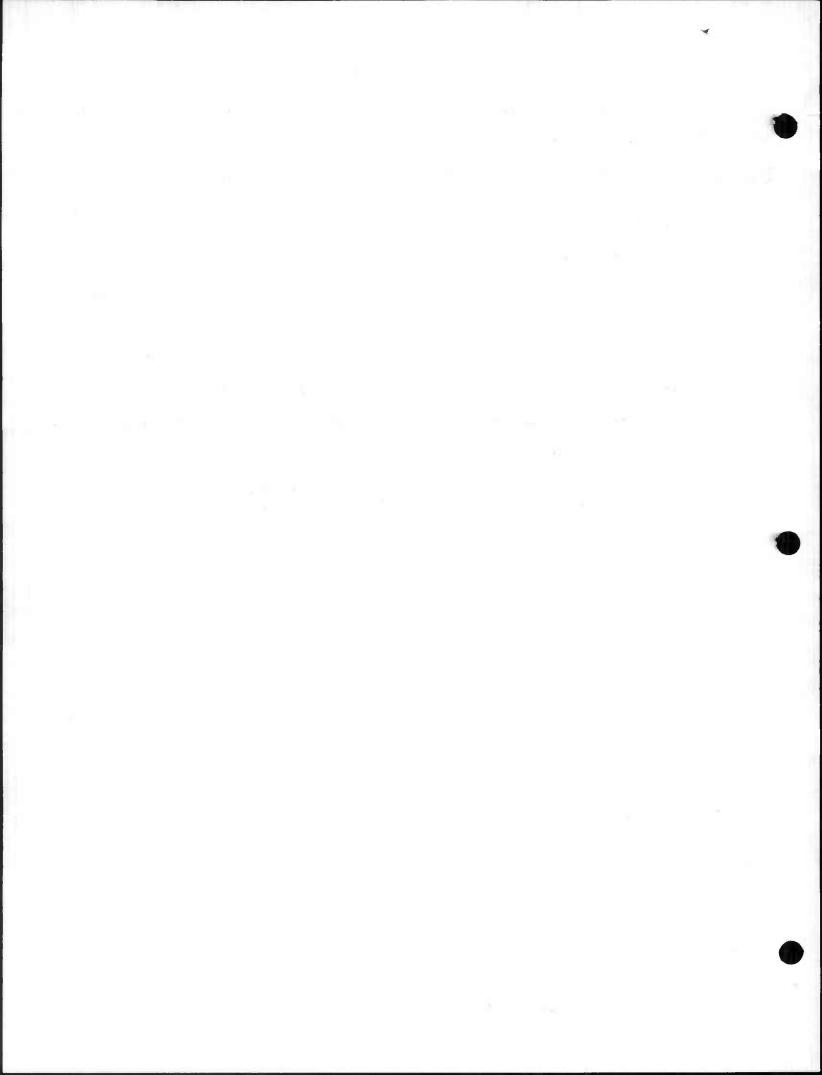


| Items20 | b,2 | Oc 6-6-97 FilmG748 W.H. | | nd / Departme <i>Certifica</i> | nt of Health and ate of Death | Mental Hy | giene 9 7 | 16985 |
|--|------------------|---|---|---|--|--|---|---|
| Physic /Medi Exami | ical | Decedent's Neme (First, Middle, Les HeleN L 4a. Fecility Nema (If not Institution, give | Foca | | 4b, City, Town, o | 2. Dete of De Month JUNE r Location of Deet | Dey Yeer 4 | 3. Time of Death 7 1100 |
| Funeral Director | | 2000 Philips 5. Social Security Number 6. So | s terrace | last birthday) If Und Month | ANNO er 1 Yaer If Undar 24 Hours Min | 8. Deta of Bir | A.A. C | thpiece (State or Foreign |
| with the Maryland a or 28a-f show | Director | 10e. Stete 10b. County MD ANNE AR | | y, Town or Location | | | | 10d. Inside City Limits 1 ☐ Yes 2 ☐ No |
| | ai Dire | 10e. Street and Number 2000 PHILIPS T | ERRACE | | ip Code 401 | | 10g. Cifizen of Whet Co | ountry? |
| 20 after dea or items | by Funeral | 11. Maritei Status 1 Navar Married 2 Merriad 3 Widowed 4 Divorced | 12. Was Decedent Evar in U Armed Forcas? 1 Yes 2 YY If Yes, Give Yeer or Detes: | | edant of Hispanic Origin? (secify Cuben, Maxican, Pue 2 No Specify: | Specify Yas or No rto Rican, etc.) | 14. Raca - Ame Bieck, Whi | te, atc. |
| 21215-00% d within 72 hours giena. In than "natural", in the material of the first column for | Completed | 15. Decedent's Ed (Specify only highest grad Elementary/Secondary (0-12) | cation le completed) College (1-4or 5+) | 16a. Decedent's Us (Give kind of v life. DO NOT | vork done during most of w use retired) | orking | 16b. Kind of Business | /Industry |
| and be file d othe | To Be Co | 17. Father's Neme (First, Middle, Last) ALPHONAS ALBRO | MITIS | CIII | | | SOUTHLANI , Maiden Sumeme) | CORP |
| E = 0 F | _ | 19e. Informant's Name/Reletionship (7 ALICE HARMAN | | 19b. Mailing Addres | ss (Street end Number or I | Rurel Route Numb | r 4 ^{ANNAPOI} | LIS MD |
| Baltimore, emil. Pages 1 an begament of Heal montant: if Item 2 my injury or other | | 20e. Method of Disposition 1 Buriel 2 Cremation 3 4 Donetion 5 Other (Specify | Ramoval from State Me | Place of Disposition (Nadowridge Cer DAR HILL | metery ! | Dete -6-97 | 20c. Location - City of Elknidge BROOKLYN | |
| Ball permit Depart Import any in | | 21. Signatura of Suneral Service Lipeni | Sparda | RAYM 426 | and Addrass of Facility IOND C. FIN CRAIN HWY | SW GLEN | BURNIE . N | 1D 21061 |
| C8760, Wedical Examined By Street Provided By Street Provided By Street Provided By Street Provided By Street Provided By Street Provided By Street Provided By Street Provided By Street Provided By Street Provided By Street Provided By Street Provided By Street By | dical Examiner | 23a. Pert1. Enter the disease, or compshock, or heart feilure. Let only compshock, or heart feilure. Let only compshock or heart feilure. Let only compshock or condition rasulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Causa (Disease or Injury thet initieted events resulting in deeth) Lest | Due to (c | or es e consequence o | icador Helun | nocau | CIHOM | Interval Between Onsat and Deeth |
| BOX 68 tath certifical attending phy for usa as th | an/Me | | d | | | | | |
| P.O. | by Physician/Med | Part II. Other significant conditione co | ntributing to death but not res | ulting in the underlying | cause given in Pert I. | | tobacce use contribute | to the cause of death? |
| Recorc a law requii | Completed b | | | | | 24a. Was | ormad? | Were eutopsy findings eveilable prior to completion of causa of death? |
| = F # d | Be Co | 25. Wes case referred to guidical | | | 26. Plece of De | eeth (Check only o | | 1 Yes 2 Ho |
| of Vita | 2 | 10 163 2000 | Hospital: 1 ☐ Inpatient 2 ☐ | ER/Outpetient 3 | OOA Other: 4 Nursing | | denca 6 □Other (Spe | ocify) |
| Oivision of a Attending Patter death. Director: Alter in by the funers | Certification: | 27. Menner of Seath 1 Naturel 5 Pending 2 Accident Investigation 3 Suicide 6 Could not ba | 28e. Dete of Injury (Month, Dey Yeer) 28e. Pleca of injury - At ho | 28b. Tima of Injury M | 28c. Injury et Work? 1 Yes 2 No | | how injury occurred Street end Number or R | ural Pouta Number |
| apply or J | | 4 Homicide determined 29a. Certifier 1 Certifying Phy | building, etc. (Specify | wledge, deeth occurre | d at the time, dete end piec | City or To | wn, State) cause(s) end menner e | s steted. |
| RATE | edicai | (Check only 2 Medical Exami | ner: On the basis of exeminer end menner steted. | tion and/or Investigetion | n, in my opinion, deeth occ | curred et the time, | date end place, end due | to the cause(s) |
| | Σ | 29b. Signeture and title of certifiar | Cem | | 9c. Licansa number | | 29d. Data signed (Mont | |
| Sta | ate | 795 /hua | ompleted cause of deeth (item G | | 6/04/30 | une, | 210 | 61 |
| Regist | | 31. Dete filed (Month, Dey, Year) JUN 0 6 1997 | John Davids | m-Aandell | | | | |

DHMH 16 Rev 6/95



| | _ | | | Maryland / De C | ertificate of | | | eg. No. | 1 | 16986 | |
|-----------------------|---------------------|--|--|--|--|--------------------------------|---|-------------------------------------|---|--|--|
| Physicia | _ | Decedent's Name (First, Middle, La Rebecca Casen | Feldman | | | | 2. Dete of Deal Month May 26 | Dey | Year | 3. Time of Death 3:15 p.m | |
| /Medica | | 4e. Fecility Name (If not institution, give | | or) | | 4b. City, Town, or I | | 4c. County | of Deeth | J.15 p.m | |
| | | Mariner Health (| Care of G | reater Laur | | Laurel | | Prince | | orge | |
| unerai irector | | 165-20-5343 | Sex 1□ M X (X)F | Age (In yrs. last birthda 94 Yrs. | Months Deys | If Under 24 Hrs. Hours Min. | 8. Dete of Birth (Month, Dey, Feb. 23 | Year) 1903 | 9. Birthple Count Penn | ace <i>(Steta or Foreigr</i> ry) sylvania | |
| 4 | 1 | Usuel Residence of Decedent 10e. Stete 10b. County | | 10c. City, Town or | Location | | | | 10 | d. Inside City Limits | |
| The True To Toping at | ō | MD Prince | George | Laurel | | | | | 1.0 | XX Yes 2 No | |
| | rec | 10e. Street end Number | George | Laurer | 10f. Zip Code | | 10g. Citizen of Whet Country? | | | | |
| | aiD | 15607 Birch Run | Terrace | | 20707 | | | USA | | | |
| | by Funeral Director | 11. Meritei Status 1 ☐ Never Merried 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorcad | 12. Was Deceder Armed Force: 1 Yes 2 If Yes, Give 4 Yeer or Dates | No | 3. Was Decedent of it If Yes, specify Cub | | pecify Yes or No- o Rican, etc.) | Bleck | 14. Rece - American Indien, Bleck, White, etc. Specify: White | | |
| | Completed | 15. Decedent's E | | 16a. De | cedent's Usual Occup | pation | | 16b. Kind of Bu | siness/Ind | ustry | |
| | npie | (Specify only highest green Elementary/Secondary (0-12) | Collaga (1-4o | r 5+) | ve kind of work done . DO NOT use retire | d) most or wor | King | | | | |
| | ် ပ | 6 | Ø | Hor | nemaker | | | Own I | | | |
| | Be | 17. Fether's Neme (First, Middle, Last |) | | | | me (First, Middle, I | | 9) | | |
| | P | John Casen 19e. Informent's Neme/Relationship (| Time Print) | 10h 14a | ilin - A delena - (Chana | | Richards | | Cto to Zio | 0-4-1 | |
| | | Charlotte Gush/I | | | illing Address <i>(Street</i> 507 Birch | | | | | | |
| | - | 20e. Method of Disposition | | 20b. Plece of Dis | position (Name of | | | 20c. Location - (| - | | |
| | | 1 Burial 2 ☐ Cremetion 3 D 4 ☐ Donetion 5 ☐ Other (Specif | | 0 | remetory or other ple n Cemetery | | | | | ship, PA. | |
| | 1 | 21. Signeture of Funerel Service Licar | | Oaklaw | 22. Nema end Addre | | 3/23 | | | ,p, | |
| NI N | | 23a. Pert1. Ent in ha disease, or com shock, or mant failure. List only | 2) () | NTEO | 777 . 1. 77 | 7 77 | me, Inc. | | | | |
| on all s | Medical Examiner | Sequentially list conditions, if eny, laeding to immediate cause. Enter Underfying Ceuse (Disease or Injury that initiated events resulting in daeth) Last | b | Due to (or es e cons | | eine. | | | | | |
| | Physician/M | Pert II. Other significant conditions of | ontributing to death | but not resulting In the | underlylng cause gi | ven In Pert i. | 23b. Did to | bacco usa con | tributa to | the cause of death | |
| | by Phy | | | | | | 1 🗆 Y | es 2 No | 3 Prob | ably 4 Unknow | |
| | Completed | | _ | | | | 24e. Wes e perform | n autopsy ned? | com | re eutopsy findings llabla prior to apletion of cause eath? | |
| | S | | | | | | 1 🗆 Ya | as 2 No | 1 🗆 | Yes 20 No | |
| | Be | 25. Wes casa raferred to medical examiner? | Hospital | | low | | eth (Check only on | е) | | | |
| | 0 | 1 Yes 2 No 27. Manner of Deeth | Hospital: 1 Inpa | | IGIIL OLL DOA | | lome 5 Reside | | |) | |
| | cation | 1 Neturel 5 Pending investigation | (Month, E | Jury 28b. Time Pay Year) Injury | / Wo | rk? Yes 2 □ No | 28d. Describe how injury occurred | | | | |
| | Certification: | 3 Suicide 6 Could not b 4 Homicide detarmined | 289. Piece of I | njury - At home, farm, etc. (Specify) | street, factory, offica | | 28f. Location (St City or Town | | er or Rural | Route Number, | |
| | edical | 29a. Certifier (Check only one) 1 Cartifying Ph 2 Medical Exam | yalclen: To the bes niner: On the besis end menner: | t of my knowledge, de of axamination end/or | eth occurrad et tha fi investigetion, In my o | ma, date and plece | , and due to the corred et the time, d | euse(s) end mer ete and placa, a | nner es sta ind due to | atad. the ceuse(s) | |
| | - | 29b. Signeture end title of certifier | Δ | se number | r 29d Date signed (Month Day V | | | | | | |
| | | Wale Ga | - Pro | | \mathcal{D} | 50607 | | May . | 27-1 | 1997 | |
| | - | 30. Nema and add and of person who | complated causa of | daath (Itam 239) (Typ | e, Print) | | | 7 | | | |
| | | Wafer Gamil | 720 Ma | iden Choice | ce laine | Suite C | Caton | suille t | 10 | 82218 | |
| State | е | 31. Dete filed (Month, Day, Year) | 32. Regis | itrer's Signeture | - | | _ | | | | |
| istra | _ | JUN 0 6 199 | 7 Jul | ia Davidson-A | ndelle | | | | | | |



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

| Physician |
|-----------|
| /Medical |
| Examiner |

Director

Funeral

þ

Completed

1. Decedent's Name (First, Middle, Last) CORNELIUS GRIFFIA

2. Date of Death Month

3. Time - Death 5:20 M

4a. Facility Name (If not institution, give street and number)

Northwest Hospital

June 4b. City, Town, or Location of Death Randallstown

If Under 24 Hrs.

Hours

4c. County of Death

Funeral Director

Baltimore, Maryland 21215-0020

d 2 should be filed within 73 th and Mental Hygiene. 7 is marked other than "na

permit. Pages 1 and 2 st Department of Health and Important: If Item 27 is n

Physician /Medical

Examiner

980

signed by t

certificate has

unerel

or Attending after death. Director: Aft

Hospital (24 hours a Funeral D

To the Hosp within 24 hor To the Fune completely fi

ò

Completed

Be

2

Certification:

Medical

certificate be executed

Division of Vital Records, P.O. Box 68760,

ò

213-12-4484 Usual Residence of Decedent 10a. State 10b. County N/A Md.

5. Social Security Number

10c. City, Town or Location Baltimore

Yrs

Feb. 19, 1920 U.S.A. 10d. tnside City Limits

10g. Cifizen of What Country?

Baltimore

10f. Zip Code

If Under 1 Year

\$€ Yes 2 No

Birthplace (State or Foreign Country)

10e. Street and Number

21207

7. Age (In yrs. last birthday)

U.S.A.

8. Date of Birth (Month, Day, Year)

11 Marital Status

12. Was Decedent Ever in U,S. Armed Forces?

13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.)

14. Race - American Indian, Black, White, etc.

1 Never Married 25 Married 3 ☐ Widowed 4 ☐ Divorced

4301 Miami Place

Tyes 2 No 1942 If Yes, Give Year or Dates: 1946 1946

College (1-4or 5+)

1□Yes 2□No

Specify: Black 16b. Kind of Business/Industry

15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12)

 Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Art Professor

Baltimore City Comm. College

17. Father's Name (First, Middle, Last)

Cyrus Griffin

Margaret Hall

19e. Informent's Neme/Relationship (Type, Print) wife

15 M 2□ F

19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

18. Mother's Name (First, Middle, Maiden Surname)

Charlene L. Griffin

20b. Place of Disposition (Name of cemetery, crematory or other place)

4301 Miami Place Baltimore, MD. 21207

20c. Location - City or Town, State

20e. Method of Disposition

mes

1 Burial 2 Removal from State
4 Donation 5 Other (Specify)

Metro Crematory

22. Name and Address of Facility
Nutter Funeral Homes, Inc.
21.21 June 7 Baltimore, MD.

21. Signature of Funeral Servi

2501 Gwynns Falls PKWY Baltimore, MD. 23a. Part1: Enter the disease, or complications that cau it is the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or land fine.

Approximate Interval Betw

ASPIRATION VIYENMONIA

Onset and Death 3 DAYS

Immediate Cause (Final disease or condition resulting in death)

METASTATIC

SELONDARIES IN

26. Plece of Deeth (Check only one)

WITH Due to (or as a consequence of)

Examiner physician and s the buriel-trans Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physiclan/Medical

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Donknown

24a. Was an autopsy performed?

24b. Were autopsy findings avaliable prior to completion of ceuse of death?

2 No

1 ☐ Yes 2 No

25. Was cese referred to medical examiner? 1 Yes 2 No

Hospital: 28e. Dete of Injury (Month, Day Year) 5 Pending investigation

1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28b. Time of Injury

28c. Injury at Work? 1 TYes 2 □ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

29a. Certifier

27. Manner of Death

2 Accident 3 Suicide

4 Homicide

6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

(Check or one)

1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, and due to the cause(s) and menner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signeture title of certifier

MD

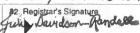
29c. License number BG 4439128 29d. Date signed (Month, Day, Year) June

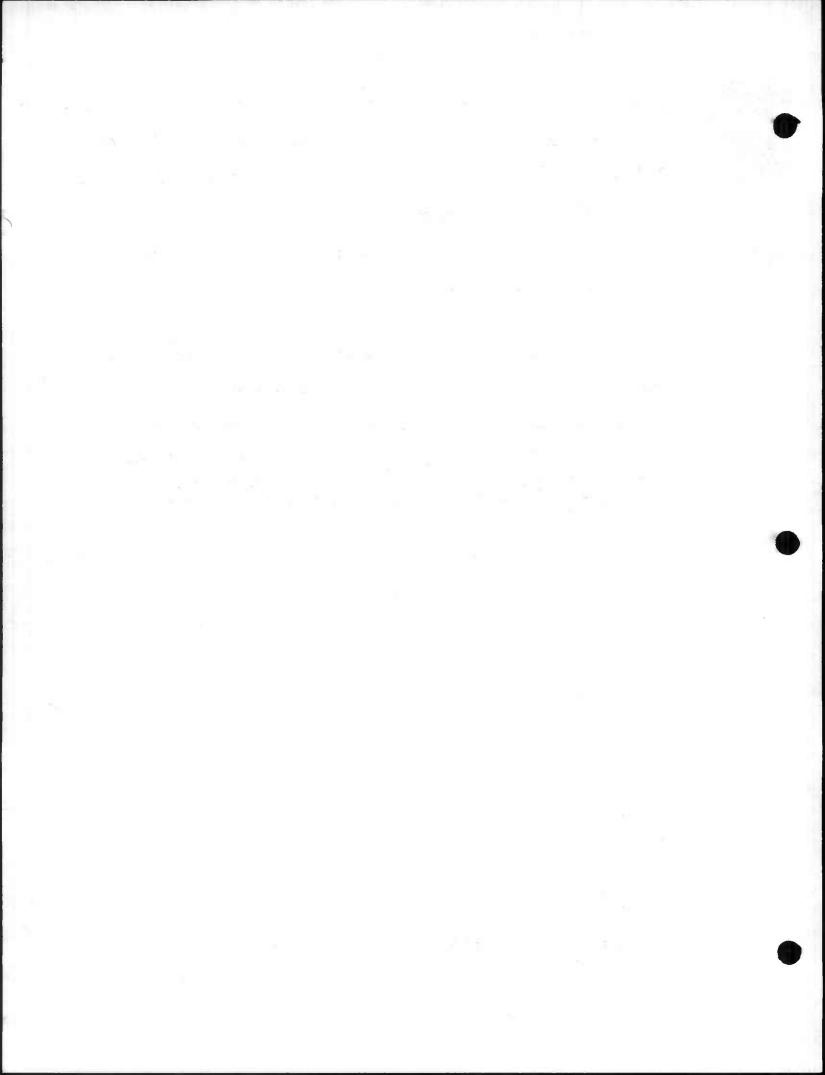
30. Name and address of person who completed cause of death (Item 23a) (Type, Print) THOMAS SEORGE

NORTHWEST HOSPITAL CENTER, 5401 OLD COURT READ, RANDAUSTONN 21133.

State Registrar

31. Date filed (Month, Day, Year) JUN 0 6 1997



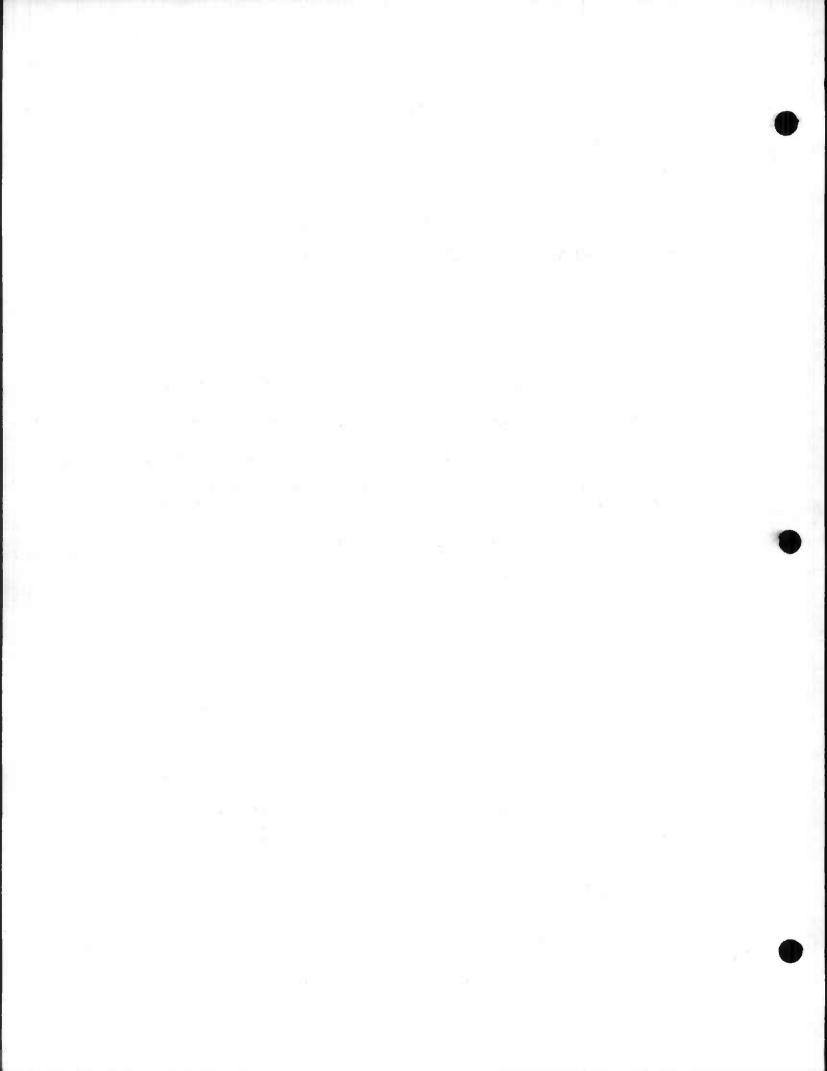


State of Maryland / Department of Health and Mental Hygiene

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| | | | | | $C\epsilon$ | ertificate | e of | Death | | | Reg. No. | - 1 | 1000 | 10 |
|--|--------------------------|---|---|--|---|--|---------------------------------|----------------------------------|--------------|---|--|---|--------------------------------------|--------|
| Physician /Medical | | 1. Decedent's Neme (First, Middle, | | | | | | 2. Dete of Dea | | Yeer | 3. Time of Death | | | |
| | | | . Gerne | rt | | | | June 3 | | | 1:20 p | .m. | | |
| xamin | | 4e. Fecility Name (If not institution, | give street and n | umber) | | | - [| 4b. City, Tow | m, or Lo | cation of Deeth | 4c. Count | y of Death | | |
| | | 7629 Turnbrook | Drive | | | | | Glen | Bur | mie | Ann | e Aru | ndel | |
| neral | | 5. Social Security Number | 6. Sex | 7. Age (In | rs. lest birthday | if Under | | If Under 2 | 4 Hrs. | 8. Dete of Birt | th | | plece (State or F | oreign |
| ector | | 212-34-0024 | 1 M 2 □ F | | 51 Yrs. | Months | Days | Hours | Min. | Jan. 1 | | | yland | |
| | | Usuel Residence of Decedent | | | | | | | | Udita | 1220 | Mai | yrand | |
| 4 | | 10a. State 10b. County | | 10c. | City, Town or L | ocation | | | | | | 1 | 0d. Inside City I | imits |
| or 28a-fs | to | Maryland Anne | Arundel | | Glen I | Burnie | | | | | | | 1 ☐ Yes 2 | No |
| | Directo | 10e. Street end Number 10f. Zip Code 10g. Citizen of Who | | | | | | | | Whet Cour | ntry? | | | |
| 2 | Funeral Di | | | | | | | | | U.S.A | | | | |
| "netural", or items 23a or 28a-f show ndical Examiner must be notified at | | 11. Marital Status | | cedent Ever I | n U.S. 13. | . Was Decede | | | in? (Spe | city Yes or No | | ce - Americ | | - |
| | F | 1 Never Married 2 Marrie | Armed F | orces? | | If Yes, speci | ify Cuba | an, Mexicen, | Puerto I | city Yes or No- Ricen, etc.) | Ble | eck, White, | etc. | |
| | þ | 3 ☐ Widowed 4 ☑ Divorced | If Yes, G Yeer or | irve | | 1 Yes 2 | X No | Specify: | | | Speci | ty: Wh | ite | |
| | P | 15. Decedent's | s Education | | 16a. Deci | edent's Usuai | Occup | ation | | | 16b. Kind of E | Business/In | dustry | |
| | Completed | (Specify only highest | grede completed | | (Giv | e kind of work DO NOT use | k done | during most | of worki | ng | | | , | |
| the M | E O | Elementary/Secondery (0-12) | N/A | (1-4or 5+) | Ca | arpente | er | | | | Self | Emplo | ved | |
| event, | | 17. Father's Name (First, Middle, L. | | 7 | Out Post of | | | 18. Mother's Name (First, Middle | | | | 100 | | |
| 2 6 | o Be | James | Gernert | | | | | | Mild | | aulkner | | | |
| traumatic | 2 | 19e. Informant's Neme/Reletionshi | | | 10h Mail | lina Addrasa | (Ctract | | | | | | 0-4-1 | |
| trau | | | | -la | | | | | | | er, City or Town | | | |
| other | | John Gernert 20a. Method of Disposition | Brot | | / b Z S | 9 Turn | | ok uri | ve | | | | and 210 | 60 |
| | | 1 Burial 2 Cremation | 3 ☐Removel from | State | cemetery, cre | emetory or other | her plea | | i | Date | 20c. Location | | | |
| ury | | 4 Donetion 5 Other (Spe | ecity) | | Cedar H | ill Cer | mete | ery Ju | ne | 5,1997 | Balti | more, | Marylan | d |
| any Injury or once. | | 21. Signeture of Funeral Service Li | cense | | 2 | 22. Name end | Addre | ss of Facility | b En | neral 1 | Homo | | | |
| : a a | | Slam (- | L | | | 3204 M | ount | tain R | oad | Pasade | na, Mar | vland | 21122 | |
| | | 23a. Part1. Enter the disease, or c shock, or heart faiture. List of | omplications that | ceused the d | | | | | | | | 7 | Approximate | |
| ician | | Shock, or neart failure. List of | nly one ceuse on | eech line. | | | | | | | | į | Onset end Dea | |
| dical | | Immediete Ceuse (Final | | lin | a (| ans | es. | | | | | 1 | ~ 440 | |
| niner | | disease or condition resulting in deeth) | θ | 0000 | 0 | | | | | | | 1 | 91901 | rja |
| | 9 | | | - | o (or es e conse | equence of): | | | | | | İ | | |
| Insit | Examiner | | ь | Emp | 1 | ng | | | | | | | | |
| se as the burial-transit | Xa | Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying | | Dup t | o (or as a conse | equence of): | | | | | | i | | |
| pnq | | | | | | | | | | | | | | |
| s the | edicai | | | | | | | | | 1 | | | | |
| 20 6 | 3 | | d | | | | | | | | | 1 | | |
| | lar | | | | | | | | | | | | | |
| detached for | Physician | Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use con | | | | | | | ontribute to | the cause of d | eeth? | | | |
| detac | | 1 □ 10 No 3 □ | | | | | | | 3 Pro | bably 4 Un | known | | | |
| 5 8 | by | | | | | | | | | | | T | | |
| should | Completed | | | | | | | | | | en eutopsy med? | ev | ere autopsy find eileble prior to | |
| s bee | pie | | | | | | | | | | | of | mpletion of ceus deeth? | 10 |
| 2 CV | 5 | | | | | | | | | 101 | res 2000 | 10 | Yes all No | |
| 39.2 | U | | | | | | | 26. Piece | of Death | (Check only o | | | | - |
| page 2 | 0 | 25. Was cese referred to medical | | Innetient | □ FR/Outpatie | ent 3 DO/ | A Oth | er. | | . / | | har (Canail | | |
| page 2 | o Be | exeminer? | Hospital: | Tabilipatient 2 Envolupatient 3 DOA 4 Nuising nome 3 presidence | | | | | | | | y) | | |
| al director, page 2 | 2 | | 101 | | 28b. Time of | of 28 | ic. Injur | | | | | | | |
| funeral director, page 2 | 2 | exeminer? 1 Yes 2 No 27. Manner of Death 1 Naturel 5 Pending | 28a. Date (Mor | of Injury oth, Dey Year | 28b. Time (Injury | | | | | EGG. DGGGNDG 1 | | | | |
| funeral director, page 2 | 2 | exeminer 1 Yes 2 No 27. Manner Death 1 Naturel 5 Pending investige 2 Accident investige 3 Suicide 6 Could no | 28a. Date (Mon | of Injury oth, Dey Year | | М | 1 🗆 | k?` Yes 2⊡N | 0 | | | her or Rurs | I Route Number | |
| funeral director, page 2 | 2 | exeminer? 1 Yes 2 No 27. Manner Death 1 Waturel 5 Pending investiga | 28a. Date (Mon | of Injury oth, Dey Year | t home, farm, s | М | 1 🗆 | | 0 | | Street end Num | ber or Rure | l Route Number | |
| funeral director, page 2 | Certification: To | exeminer? 1 Yes 2 No 27. Manner Death 1 Naturel 5 Pending investige 2 Accident investige 3 Suicide 6 Could no determin | 28a. Date (Montation of be led 28e. Place build | of Injury nth, Dey Year e of Injury - A ling, etc. (Sp. | t home, farm, s | M treet, factory, | 1 🗆 | Yes 2□N | 0 2 | 28f. Location (5 City or Tox | Street end Num vn, Stete) | | | |
| funeral director, page 2 | Certification: To | exeminer? 1 | 28a. Date (Moi tition of be led 28e. Plac build | of Injury of Injury e of Injury - A ting, etc. (Spe e best of my pests of exam | t home, farm, s | M treet, factory, | 1 □ office | Yes 2□N | ptece, e | 28f. Location (S City or Tow | Street end Num vn, Stete) | ienner es s | teted. | , |
| funeral director, page 2 | edical Certification: To | exeminer? 1 Yes 2 No 27. Manner of Death 1 Naturel 2 Accident 3 Sulcide 4 Homicide 29e. Certifier (Check only one) 1 Yes 5 Pending investige 6 Could no determin | 28a. Date (Moi tition of be led 28e. Plac build | of Injury oth, Dey Year e of Injury - A ling, etc. (Sp. | t home, farm, s | M treet, factory, th occurred envestigation, | office | Yes 2 N | ptece, e | 28f. Location (5 City or Tow and due to the ed at the time, | Street end Num vn, Stete) ceuse(s) end m date end plece | enner es s | teted. the ceuse(s) | |
| funeral director, page 2 | Certification: To | exeminer? 1 | 28a. Date (Mor) 28b. Place build Phyelcien: To the seminer: On the band mare | of Injury of Injury e of Injury - A ting, etc. (Spe e best of my pests of exam | t home, farm, s | M treet, factory, th occurred envestigation, | office office t the tin In my o | Yes 2 N | ptece, e | 28f. Location (5 City or Tow and due to the cad at the time, | Street end Num yn, Stete) ceuse(s) end m date end plece | nenner es s , and due to ed (Month, | teted. the ceuse(s) | , |
| al director, page 2 | edical Certification: To | exeminer? 1 Yes 2 No 27. Manner of Death 1 Naturel 2 Accident 3 Sulcide 4 Homicide 29e. Certifier (Check only one) 1 Yes 5 Pending investige 6 Could no determin | 28a. Date (Moi tition of be led 28e. Plac build | of Injury of Injury e of Injury - A ting, etc. (Spe e best of my pests of exam | t home, farm, s | M treet, factory, th occurred envestigation, | office office t the tin In my o | Yes 2 N | ptece, e | 28f. Location (5 City or Tow and due to the cad at the time, | Street end Num vn, Stete) ceuse(s) end m date end plece | nenner es s , and due to ed (Month, | teted. the ceuse(s) | |
| funeral director, page 2 | edical Certification: To | exeminer? 1 | 28a. Date (More Physician To the completed country of the part of | of Injury nth, Dey Year e of Injury - A ling, etc. (Sp. e best of my besis of exam ner steted. | t home, farm, sicify) knowledge, dealinetion end/or in | M treet, factory, th occurred envestigation, 29c. | office office t the tin In my o | Yes 2 N | ptece, e | 28f. Location (S City or Tow and due to the and at the time, | Street end Num yn, Stete) ceuse(s) end m date end plece | nenner es s , and due to ed (Month, | teted. the ceuse(s) | |
| funeral director, page 2 | edical Certification: To | exeminer? 1 | 28a. Date (More Physician To the completed country of the part of | of Injury nth, Dey Year e of Injury - A ling, etc. (Sp. e best of my besis of exam ner steted. | t home, farm, sicify) knowledge, dealinetion end/or in | M treet, factory, th occurred envestigation, 29c. | office office t the tin In my o | Yes 2 N | ptece, e | 28f. Location (S City or Tow and due to the and at the time, | Street end Num yn, Stete) ceuse(s) end m date end plece | nenner es s , and due to ed (Month, | teted. the ceuse(s) | |



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Day TAMES 0. CTERST JUNE 4+17 1997 4a. Facility Name (If not institution, give street and number)

if Under 1 Year

10f. Zip Code

21216

Center

7. Age (In yrs. last birthday)

Yrs.

10c. City, Town or Location

Baltmore

63

4b. City, Town, or Location of Death

Ba (4 mare

If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Day,

3. Time of Death

7:30PM

N.C.

10d. Inside City Limits

1 Yes 2 □ No

Birthplace (State or Foreign Country)

4c. County of Death

NA

10g. Citizen of What Country?

U.S.A

Physician /Medical Examiner 5. Social Security Number **Funeral** 2/6-34-05/3 Usuei Residence of Decedent Director the Maryland 10a. State Sa or 28a-f show at he notified at uneral Director 10e. Street end Number 2909 11. Marital Stetus

eaton

Md

Medicul

10b. County

6. Sex

NA

100 M 2□ F

Baltimore, Maryland 21215-9021 permit. Pages 1 end 2 should be filed within Department of Health end Mantal Hygiene. Important: If Itam 27 is marked other than any injury or other traumatic event, the Ma

Physician /Medical Examiner

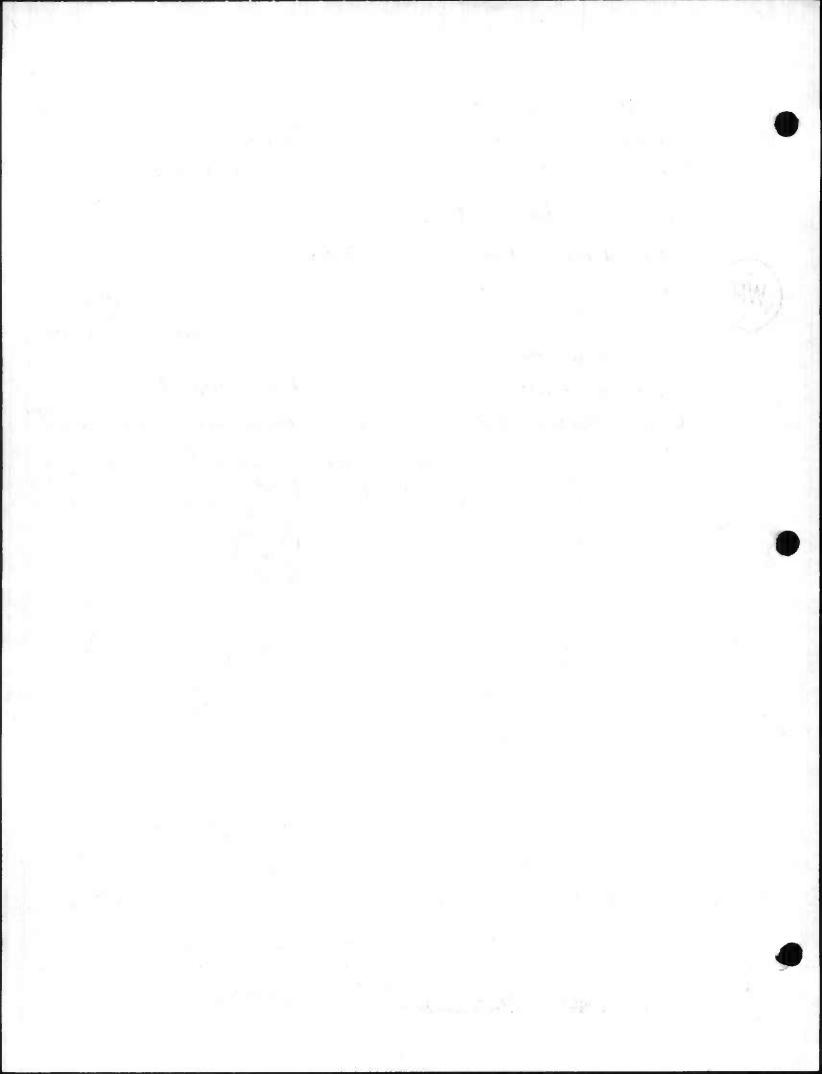
within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettanding physicien and completely filled in by the funeral director, page 2 should be detached for use as the bunel-transit To the Hospital or Attending Physician: The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

| 11. Marital Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced | 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 DENo If Yes, Give Year or Dates: | If Yes, s | cedent of Hispanic Origin? (becify Cuban, Mexican, Puel 2D No Specify: | Specify Yes or No- rto Ricen, etc.) | 14. Race - Americen Indien, Black, White, etc. Specify: Black | | | | |
|---|---|--|--|---|--|--|--|--|--|
| 15. Decedent's Edi (Specify only highest gred Elementary/Secondary (0-12) | 15. Decedent's Education (Specify only highest grede completed) Elementary/Secondary (0-12) College (1-4or 5+) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) M. Works | | | | | | | | |
| 17. Father's Neme (First, Middle, Last) | erst | | Edna | Raglan | d | | | | |
| 19a. Informent's Name/Relationship (T. EMMa Field. 20a. Method of Disposition | S-Sister | 19b. Meiling Address 3424 See of Disposition (A | 11/11- 6/ | en Drive | - Bal | Amore, ud | | | |
| 1 Burial 2 Cremetion 3 4 Donation 5 Other (Specify, | Removal from State | g Mem | Powk | 6-10-97 Ra | nda [| stown, state | | | |
| 21. Signalure of Funeral Service Licens | e CMD | Gares | and Address of Facility F7 H W 10 4300 | t Wabash | Sureno | 2121 ne Batto 14 | | | |
| 23a. Pert1. Enter the disease, or comp shock, or heert failure. List only o | dications that caused the deeth, one ceuse on each line. | Do not enter the m | ode of dying, such as cerdia | c or respiratory errest, | | Approximate interval Between Onset end Deeth | | | |
| Immediate Cause (Final disease or condition resulting in death) | B | search en/ | | suspente | -1 | 5 minuos | | | |
| | Athone solan | s a consequence of | i): eart disean | e. | | 14800 | | | |
| Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury | Due to (or as a consequence of): Anobolic encephalopathy | | | | | | | | |
| Cause (Dissess or injury that initiated events resulting in deeth) Last Part II. Other significant conditions con | Due to (or as | for iluv | | | | (1) | | | |
| | ^ | | g couse given in Part I. | 23b. Did tobacc | / | te to the cause of dea | | | |
| Saproidons, a | ongenial blind | iness. | selzures | 24a. Wes an autoperformed? | opsy 24b | . Were autopsy finding eveilable prior to completion of ceuse of deeth? | | | |
| clisareles | | | | 1 □ Yes | 2 PNo | 1 ☐ Yes 2 1 No | | | |
| 25. Was cese referred to medicel exeminer? | Hospitel: 1 ☑ Inpatient 2 ☐ ER | VOutpatient 3□ I | Other: | ath (Check only one) | | | | | |
| 27. Manner of Death 1 12 Natural 5 Pending 2 Accident Investigation | 1 | VOutpatient 3 to 18b. Time of Injury | 28c. Injury at Work? 1 Yes 2 No | dome 5 ☐ Residence 28d. Describe how inju | | ecify) | | | |
| 27. Manner of Death 1 \(\text{DNatural} \) 2 \(\text{Accidenl} \) 3 \(\text{Suicide} \) 4 \(\text{Homlcide} \) 1 \(\text{DNatural} \) 5 \(\text{Pending investigation} \) 6 \(\text{Could not be determined} \) 4 \(\text{Homlcide} \) | 28e. Place of injury - At home building, etc. (Specify) | e, farm, street, facto | ory, office | 28f. Location (Street a City or Town, Star | (Street and Number or Rural Route Number, own, State) | | | | |
| 29a. Certifier (Check only one) 2 Medical Examination | sician: To the best of my knowle ner: On the basis of examination end menner stated. | dge, death occurre end/or investigetion | d at the lime, date and place on, in my opinion, death occu | a, and due to the cause(surred at the time, dete en | s) and manner and place, and du | as stated. ue to the ceuse(s) | | | |
| 29b. Signature and title of certifier | | 2 | 9c. License number D 304 94 | | ate signed (Moi | nth, Day, Year) | | | |
| 30. Name and address of person who co | empleted ceuse of deeth (Item 23 | Ba) (Type, Print) | Dealer neolio | -1 center | | | | | |
| 31. Date filed Worth Day, Yard 7 1997 | 3. Degister's Signatur | | | | | 10715 | | | |

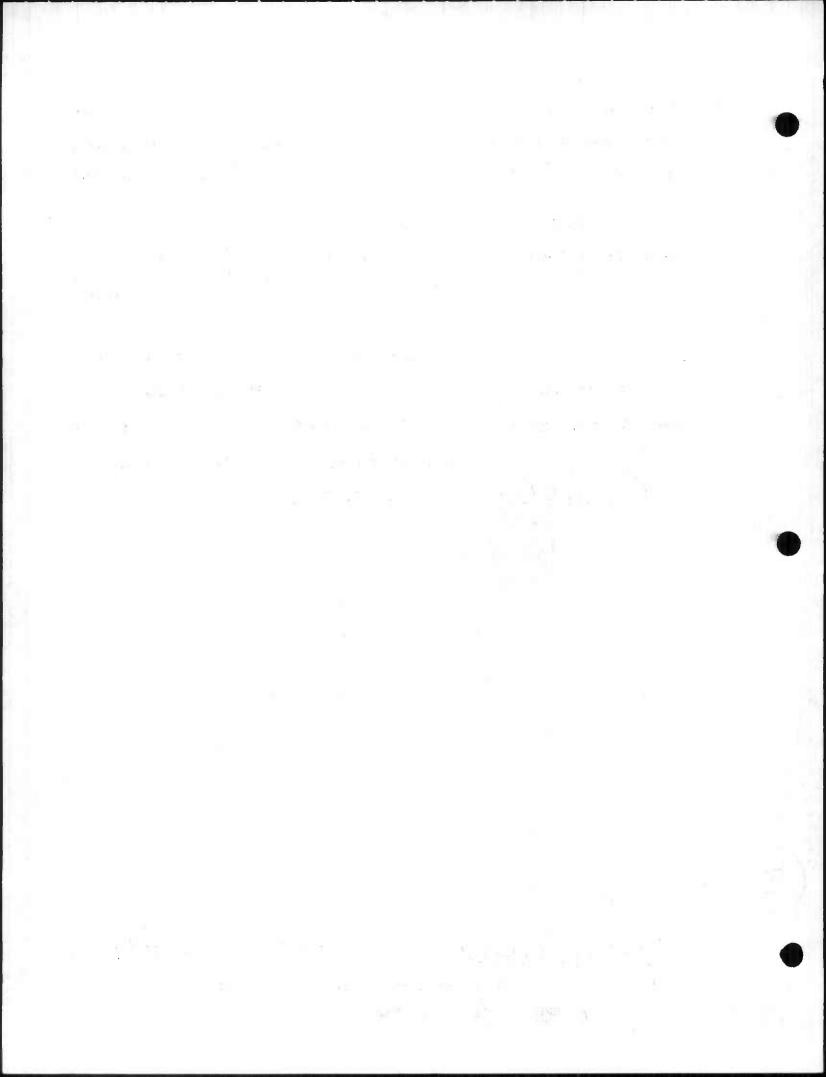
Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month Robert C. Grimes June 2, 1997 9:34 a.m. /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Laurel Regional Hospital Laurel Prince George If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. 8. Date of Birth
(Month, Day, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign **Funeral** 110M 2□F 579-42-1481 63 Yrs. Director Sept. 22,1933 Washington, DC Usual Residence of Decedent 10a State 10b. County 10c. City. Town or Location r than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 ◯ No MD Howard Jessup the 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8807 Willow Wood Way 20794 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. hours efter 1 √ Yes 2 No 1 Never Married 2 Merried 1951 Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White þ 3 Widowed 4) Divorced Year or Dates 1954 Completed 16e. Decadent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) 12 Carpenter Construction permit. Pages 1 and 2 should be filk Department of Health and Mental Hy Important: If Item 27 is marked other any injury or other traumatic event 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be George Phillip Grimes Grace Elizabeth Williams 19a. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Coda) Debbie Rhoades/Daughter 8807 Willow Wood Way, Jessup, Maryland 20794 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other placa) Date 20c. Location - City or Town, State tXXBurial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Cedar Hill Cemetery 6/5/97 Suitland, Maryland 21. Signature of Funeral Service Li 22. Name end Address of Facility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, Maryland 20707 23a. Perrí1. Entar diseese, or com shock, or heert failure. List only death. Do not enter the mode of dying, such es cardiac or respiratory errest, Approximete Interval Between Onset end Death **Physician** /Medical Immediata Causa (Final Multiple Sclerosis 20 years diseese or condition rasulting in death) Examiner Due to (or as a consequence of) Examiner The law requires that the death certificate be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Causa (Diseesa or injury that leithed excess or injury Due to (or as e consequence of): buriel Box 68760. nding physician use as the burie Physician/Medical that initiated events resulting in death) Lest Due to (or es a consequence of): ō P.O. ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 ☐ Unknown Records, by 2 24b. Were eutopsy findings evellable prior to complation of cause of death? Completed 24e. Wes en eutopsy page 2 20 No 1 Yes 2 No of Vital Attenting Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2X ER/Outpetlent 3D DOA this Date of injury (Month, Dey Year) 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Naturel 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be datamined 3 ☐ Suicide 28e. Place of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 4 D Homicide Certifying Physicien: To the best of my knowledge, daath occurred at the time, data and plece, end due to tha cause(s) end manner as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, deeth occurred at the time, date and place, and dua to tha cause(s) and menner stated. 29a. Certifier Medicai (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 6 completed causa of death (Item 23a) (Type, Print) Dorothy Snow, M.D., 10 N. Greene Street, Baltimore, Maryland 21201 32. Registrar's Signature 31. Dete filed (Month, Dey, Year) State JUN 0 6 1997 Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** WINNIE DESHAZO GRAVES 8:30Am MAY /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 199 RAILROAD ROAD EDGEWOOD, MD HARFORD If Under 1 Year if Under 24 Hrs. 8. Dete of Birth Hours Min. (Month, Dey, 5. Social Security Number 7. Age (In yrs. last birthdey) Birthpiece (State or Foreign Country) Months Days Yeer) 1□M 2□F Yrs APRIL 15, 1908 NC 228-48-0562 Usuei Residence of Deceden 89 10c. City, Town or Location EDGEWOOD 10a. Stete MD 10d. Inside City Limits HARFORD Director NO 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21046 U.S.A. 199 RAILROAD AVE Funeral Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Rece - American Indien, 11. Marltal Stetus Bieck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 ☐ No If Yes, Give X 1 ☐ Yes 2 ☐ No by Specify. Specify: BLACK 3 Widowed 4 □ Divorced Yeer or Dates: Completed 15. Decedent's Education (Specify only highest grede completed) Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) Coiiaga (1-4or 5+) SCHOOL TEACHER SCHOOL SYSTEM 12th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) MELVINA STANFIELD FRANK DESHAZO 2 19e. informent's Name/Relationship (Type, Print) 19b. Mailing Address (Streat end Number or Rural Route Number, City or Town, Steta, Zip Code) 199 RAILROAD AVE EDGEWOOD, MD 21046 MELVIN HATCHER 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State JUNE 1 Buriai 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify) YANCEYVILLE, NC PEARSON CHAPEL AME CEM 1997 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility ETTS FUNERAL HOME 1129 N. CAROLINE ST, BALTO, MD 21213 atricia FULTON FH YANCYVILLE, NC 23a. Pert1. Entar the diseesa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or haart failura. List only ona causa on aech lina. Approximete tntervei Betwean Onset end Deeth immediete Causa (Final diseese or condition rasulting in death) & CONGESTIVE HEART FAILURE 2 months Due to (or es a consequence of): Examiner ATRIAL FIBRILLATION 2 MONTHS Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequence of): 24EARS C. CHRONIC RENAL INSUFFICIENCY Physician/Medical Due to (or es e consequence of) Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably ♣ Unknown DEMENTIA by 24b. Ware eutopsy findings evelieble prior to complation of cause of death? 24e. Wes en eutopsy performed? Completed 1 ☐ Yes PN No 1 □ Yes 2 □ No 25. Wes case referred to medical Be 26. Piece of Daath (Check only ona) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Othar: 4 Nursing Home 5 Residence 6 ☐ Other (Specify) 1 Yes 2 No 2 27. Manner of Deeth 28e. Dete of injury (Month, Dey Year) 28c. Injury et Work? 28d. Dascribe how injury occurred Certification: 28b. Time of NIA injury 1 Natural 5 Pending 1 Yas 2 No investigetion 2 Accident NA NA MA 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 I Homicide 29a. Certifier 1 Cartifying Physicien: To the best of my knowledge, death occurrad et tha time, date end piece, end due to the ceuse(s) end manner es stetad. Medicai (Check only one) 2 Medicat Exeminer: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) end manner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yaer)

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1200 BRASS MILL ROAD BELCAMP, MO 21017

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JUNE 4, 1997

State Registrar

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PHILIP W. HALSTEAD, MD

JUN 0 6 1997

31. Data filad (Month, Dey, Year)

30. Nama and address of person who complated causa of daath (Itam 23e) (Type, Print)

Funeral

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Maryland 21215-0020

Baltimore,

Box 68760

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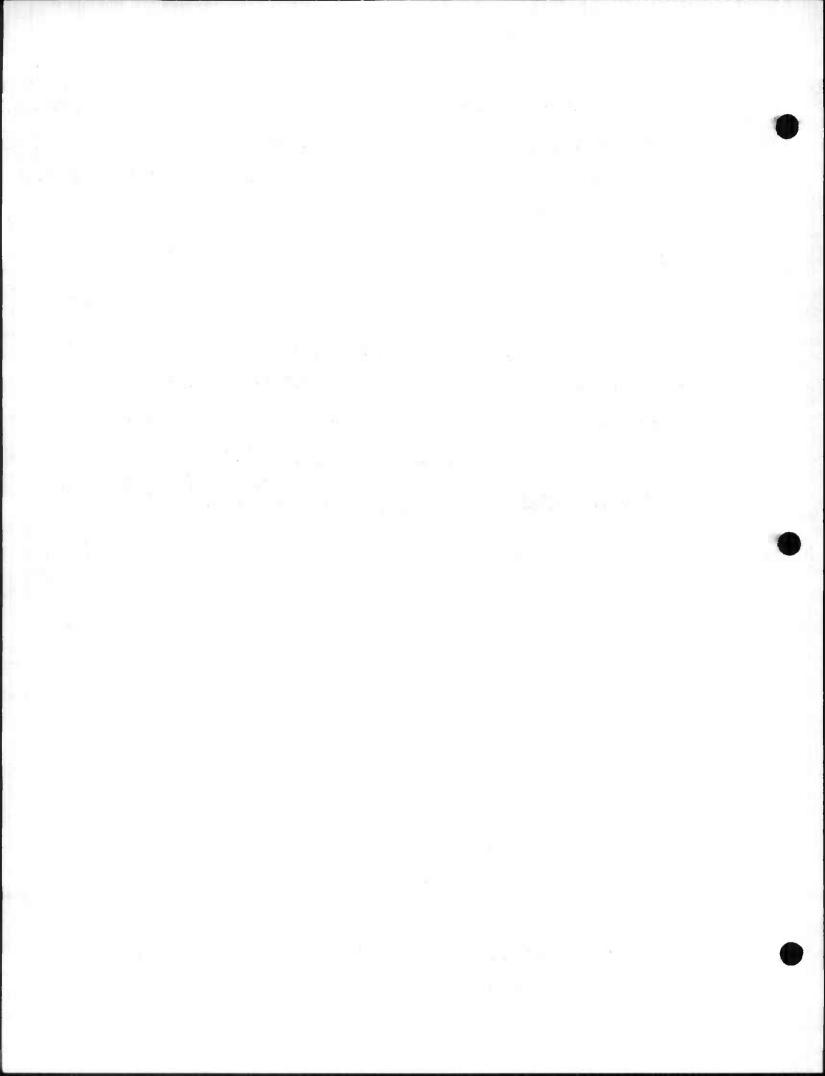
To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certifice

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DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedani's Nama (First, Middla, Last) 2. Data of Death Month DEYMOUR GOLDSTEIN June 1801 1997 02 4b. City, Town, or Location of Death 4c. County of Death BALTIMOPE City MEDICAL CENTER BALTIMORE 8. Dale of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 6. Sax 9. Birthplace (Stata or Foraigh Country) 15M 2□F Months Days Hours 72

10d. Insida City Limits

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Approximata Intarval Batween Onsat and Death

5-7 days

June 02 1997

1 Yas 2 No

Physician /Medical **Examiner Funeral** Director

21215-0020 Hygiene. Baltimore, Maryland 2 and Mental marked Important: If item 27 is any injury or other trau Health

> **Physician** /Medical Examiner

physician and s the burief-transit The law requires that the death certificate be executed Box 68760. 98 signed by the e P.O. Records, s certificete has b Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifice completely filled in by the funeral director, I Be Certification: To within 24 hours a To the Funeral D completely filled

4a. Facility Nama (If not institution, giva street and number) BAYVIEW 5. Social Sacurity Number 131-14-8363 Apr. 8, 1925 New York Usual Rasidance of Decadant 10a. Siela 10c. City, Town or Location 10b. County Anne Arundel Annapolis 10g. Citizan of What Country? 10a. Straat and Number 10f. Zip Coda 2784 Rudder Drive 21401 USA 12. Was Decedanf Ever in U,S. Armed Forcas? 1 ⊠ Yas 2 □ No If Yas, Giva Yeer or Datas; WWII 14. Raca - American Indian, 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) Bleck, Whita, atc. 1 Navar Marriad 2 Married 1 ☐ Yas 2 ☐ No Specify: by 3 Widowed 4 Divorced Completed 15. Dacedant's Education (Spacify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Dept. of Navy US Government 12 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Abraham Goldstein Rose Laboter 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Dorothy Goldstein-Wife 2784 Rudder Drive, Annapolis, MD 21401 20b. Place of Disposition (Nama of cematary, crematory or other place)

Judean Memorial Gard. 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Spacify) 6/4/ Olney, MD 21. Signatura of Funeral Service Licansee 22. Nama and Addrass of Facility Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD 23a. Part1. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such es cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Immadiata Causa (Final disease or condition rasulting in daath) Examiner Epidermal Necrosis Syndrome Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting in daalh) Lest Physician/Medical Dua to (or as a consequence of) Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. by

23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown 24b. Wara autopsy findings aveilable prior to Completed 24a. Was an autopsy complation of causa of death? 1 🗆 Yes 1 ☐ Yes 2 No 25. Was casa rafarrad to medical axaminar? 26. Placa of Daath (Check only ona) Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 Yas 2 No 1 Minpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding Invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarminad 3 ☐ Sulcida 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homloide 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar edical 29c. Licansa number 29d. Dala signad (Month, Day, Year) 29b. Signatura and Jitla of certifian

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State Registrar

plated causa of daath (Itam 23a) (Type, Print) PART UNIVERSITY OF MARY LAND EWART

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month 3I, 1997 5:55 A.M. RUTH BARBARA GRAYSON May 4e. Fecility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Hebrew Home of Greater Washington Rockville Montgomery If Under 1 Year | If Under 24 Hrs. 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) 9. Birthplace (State or Foreign 1 □ M 2XX Hours Yrs 084-14-3095 June 5, 1919 New York Usual Residenca of Deceden 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Montgomery 1XXYes 2 □ No Maryland Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 10607 Cavalier Drive 20901 U. S. A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 27 No If Yes, Giva Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American indien, Bleck, White, etc. 1 Never Married XX Married 1 ☐ Yes 2XXNo Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) 4 Years Labor Economist U. S. Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Sander Goldberg Esther Sonkin 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Paul Grayson (Husband) 10607 Cavalier Drive, Silver Spring, Md. 20901 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State Buriai 2 Cramation 3 Removal from State Mount Judah Cemetery 6/2/1997 Queens, L.I., New York 21. Signature of Funeral Service Licensee 22. Name and Addrass of Facility STEIN HEBREW MEMORIAL FUNERAL HOME, INC. 232 CARROLL STREET, N.W., WASHINGTON, D.C. 20012 23a. Pert1. Enter the disease, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or haart failure. List only one cause on each line Approximate interval Between Onset and Death Immediata Cause (Final . SQUAMOUS CELL CANEER OF LUNG disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 X Unknown CEREBRAL INFARCT 24b. Were autopsy findings available prior to complation of cause of deeth? 24a. Was en eutopsy performed?

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

show

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altimore, Maryland 21215-0026

Box 68760.

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permit. Pages 1 and 2 should be Department of Health and Mertial Important: If item 27 is marked any injury or other traumatic exercises.

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Physician/Medical þ Completed Be Certification: To

The law requires that the death certificate be executed g physician and as the burial-trans or Attending Physician: After this filled in by the funeral death. To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completaly filled in by the fi edicai

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Registrar

Sequentially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part ii. Other aignificant conditions contributing to death but not resulting in the underlying causa given in Part i. DYSPHAGIA L YMPHOMA HODEKINS 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 🛭 Nursing Home 5 🗆 Residence 6 🗆 Other (Specify) 1 Yes 28 No 27. Manner of Death 28a. Date of injury (Month, Day Yeer) 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending investigation 1 TYes 2 □ No 2 Accident 3 Sulcide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office bullding, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide 29a. Cartifier 1 Certifying Physician: To tha best of my knowledge, death occurred at tha tima, date and place, and due to the causa(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner steted.

29c. Licensa number

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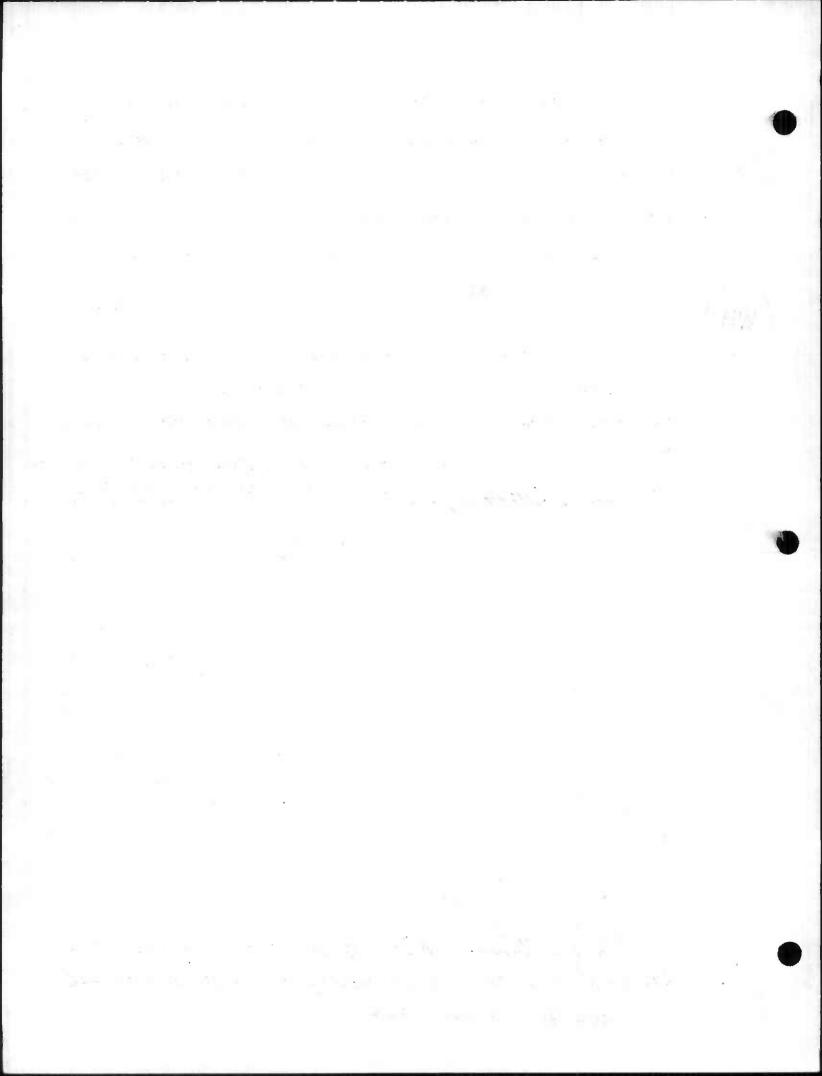
29d. Date signed (Month, Day, Year)

31. Date filed (Month, Day, Year)

29b. Signature end title of certifier

30. Name and address of person who completed cause of death (itam 23a) (Type, Print)

MONTROSE RD, ROCKVILLE LIPSON 6121 32. Registrar's Signature relia Davidson-Randalle



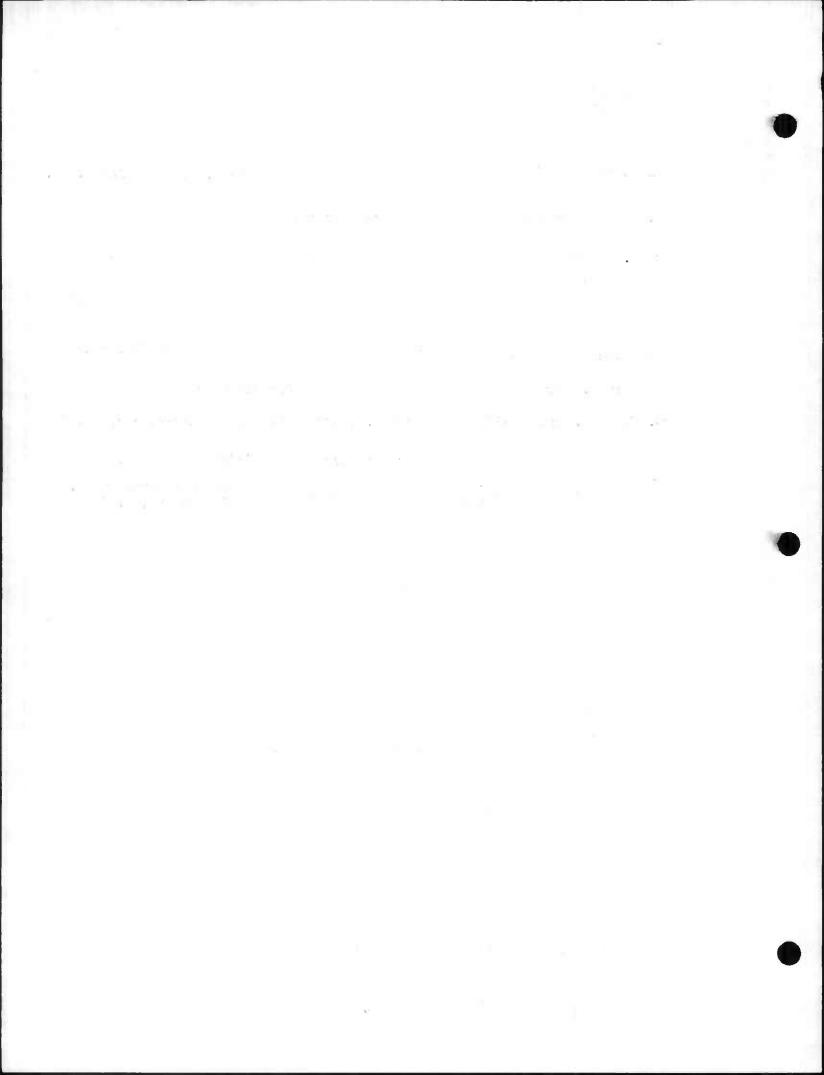
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last 2. Date of Death 3. Time of Death **Physician** 10:14 am June /Medical Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore If Under 1 Year If Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Dey, Year) Birthpiace (State or Foreign Country) **Funeral** Months Deys 1 XM 2 □ F 63 Yrs. Director Balto. Md. 216-30-8296 Sept.30,1933 Usual Residence of Decedent r 28a-f show Inotified at 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits the Maryta Director Md. Baltimore Reisterstown 1 ☐ Yes 2 ◯ No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? b the Medical Examiner must be "natural", or items 23s 21136 USA 301 E. Cherry Hill Road Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 72 hours after 1X Yes 2 □ No If Yes, Give Year or Dates: 1 Never Married 2 AMarried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify. þ Specify. White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondary (0-12) Coilege (1-4or 5+) Machinist permit. Pages 1 and 2 should be fised w Department of Health and Montai Hygien Important: if them 27 is marked other the any injury or other treasment. Manufacturing High School 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Levin A. Hale Dorothy Pearce 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Mrs. Nancy A. Hale 301 E. Cherry Hill Road Reisterstown, Md. 21136 (Wife) 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State N☐ Buriai 2 ☐ Crematton 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Bosley Cemetery 6/7/97 Sparks, Md. 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility 11824 Reisterstown Rd. ELINE FUNERAL HOME in Reisterstown, Md. 21136 ert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, hock, or heart failure. List only one cause on each line. **Physician** /Medical immediete Cause (Final disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be executed physician and s the bunal-trans Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Due to (or as a consequence of) Box 68760. Physician/Medical Due to (or es a consequenca of): 88 for use as P.O. Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. the 23b. Did tobacco use contribute to the cause of death? signed by t 1 Nos 2 No 3 Probably 4 Unknown Records, Completed by 24b. Were autopsy tindings eveilable prior to completion of cause of death? 24a. Was en eutopsy has certificate 1 Yes 20 NG 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours after death. 25. Wes case reterred to medicat examiner? director Be 26. Plece of Death (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 2 No 1 Thpatient 1 Yes 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Dey Year) 27. Manne of Death Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 (Natural 5 Pending investigation in 24 hours are:
the Funeral Director: After a funeral place of the funeral place of the funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral funeral fun 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined Ptaca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as stated.

2 Madical Examiner: On the basts of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. To the Hosp within 24 hou To the Funer completely fil 29a. Certifier edicai (Check only one) 29b. Signature end title of certities 29d. Date signed (Month, Dey, Yeer) 30. Name and address of person who come ause ot death (ttem 23e) (Type, Print) SPITAL 31. Date tiled (Month, Day, Year) State

DHMH 16 Rev 6/95

Registrar

JUN 0 6 **199**7



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6995 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** 9:30AW 1997 /Medical 4b. City, Town, or Locaflon of Death 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner NA Baltimore Wheatley rive If Undar 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) 5. Social Sacurity Number If Undar 1 Yaar 6. Sax 7. Aga (In yrs. lest birthday) 9. Birthplaca (Steta or Foreign Country) **Funeral** 1⊠M 2□ F Months Days July 26, 1926 246.28.81 4 0 Yrs. N.C Director Usual Residance of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No MD BALTIMORE Director NA 10a. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21207 NZA DRIVE Funeral 13. Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 12: Was Decedent Evar in U.S. Armed Forcas? 14. Race - Amarican Indian, 11. Marital Status Black. Whita, atc. 1 Navar Marriad 1 ☐ Yas 2 ☑ No 1 Yes 2 No Specify: altimore, Maryland 21215-0020 Specify: À Black 3 Widowed 4 Divorced Yaar or Datas: Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry the Me Collaga (1-4or 5+) Elamantary/Secondary (0-12) Unknown aintenance leth 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) . Pages 1 and 2 should be fill ment of Health and Mental H tant: If florn 27 is marked off Be HINNANT ames OU. 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Code) BAHO. Hd White-2200 WEATIER (>RIVE Department of Health Important: If New 27 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 □ Surlal 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Memorial bardes of Funaral Sarvice Licensea 22. Nama and Addrass of Facility 300 Waloush Enter the disease, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, or heart cliure. List only one cause on each line. Approximata Interval Batwaan Onset and Death Physician Pancretic Concer-adenocorcinoma /Medical Immediata Ceusa (Final Unknown disaasa or condition rasulting in death) **Examiner** Examiner The law requires that the death certificate be executed physician and the buriel-tran Sequantially list conditions, if any, leading to Immediate ceusa. Enter Undarlying Causa (Disaase or Injury that Initieted avents rasulting in death) Last Dua to (or as a consequence of) Physician/Medicai Dua to (or as a consequence of) attanding p n signed by the at hid be detached for Part II. Other significant conditions contributing to death but not resulting in tha undarlying ceusa givan in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ð 24b. Wara autopsy findings available prior to complation of ceusa of daath? 24a. Was an autopsy Completed hes 1 ☐ Yas 2 No 1 Yas 2 No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours efter deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director, to Be 25. Was casa rafarrad to medicel 28. Place of Death (Check only ona) Hospital: 1 ☐ Inpatiant Othar: 4□ Nursing Homa 5 Rasidance 6 □ Othar (Specify) 2 1 Yas 2 No 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Dey Year) 28c. Injury af Work? 27. Mannar of Death 28b. Tima of 28d. Dascribe how Injury occurred Certification: 5 Pending Invastigation 1 Naturel 1 ☐ Yas 2 Accidant 6 Could not be datermined 3 Suicida 28e. Plece of Injury - At homa, farm, streat, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) 4 ☐ Homicide Certifying Physician: To the best of my knowledge, daath occurred et tha fime, dete end plece, end dua to tha causa(s) and mannar as stetad.

Medical Examinar: On the basis of examinetion and/or investigation, in my opinion, daath occurred at tha tima, dete and plece, end dua to tha ceuse(s) and mannar stated. 29a. Cartifian Medicai 29d. Dafa signed (Month, Day, Year) 29b. Signature and titla of certifia 29c. Licansa number

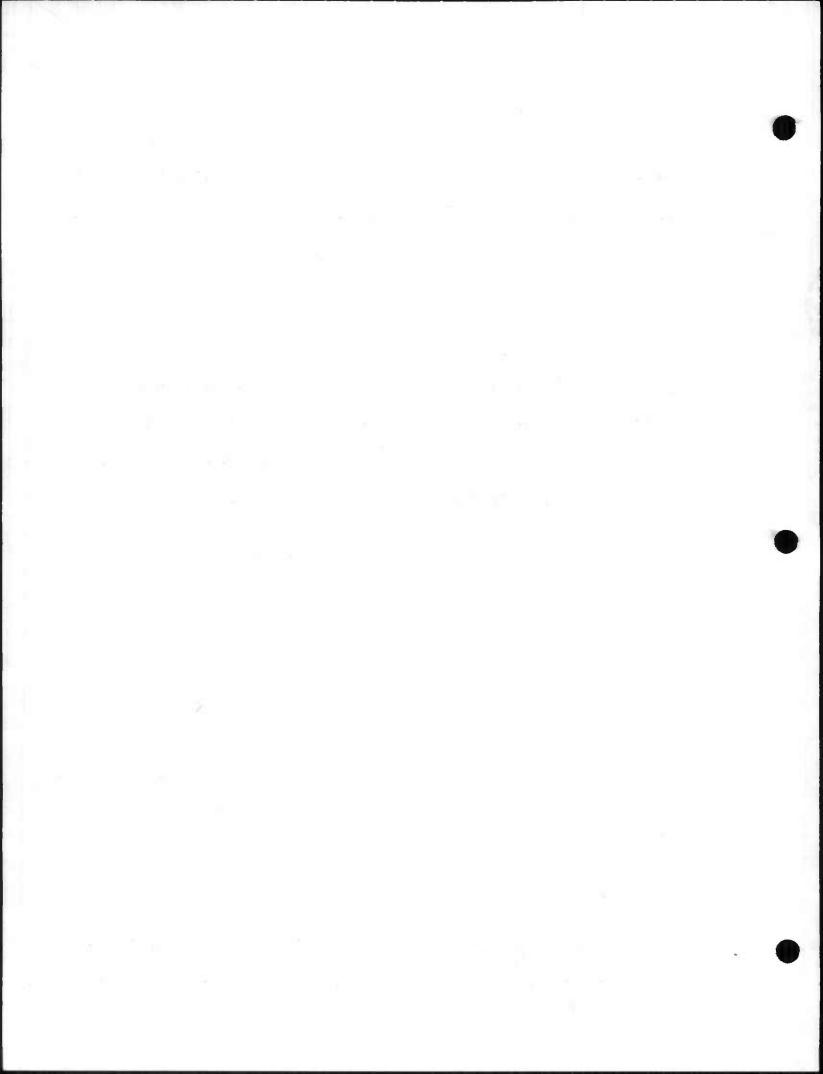
plated ceuse of deeth (Item 23e) (Type, Print)

Davidson-Randell

fries, MD

Since Hospital, Hoffberger Bldg. Swite 22, 2435 W. Belvedere Ave, Bettimore MD

State Registrar

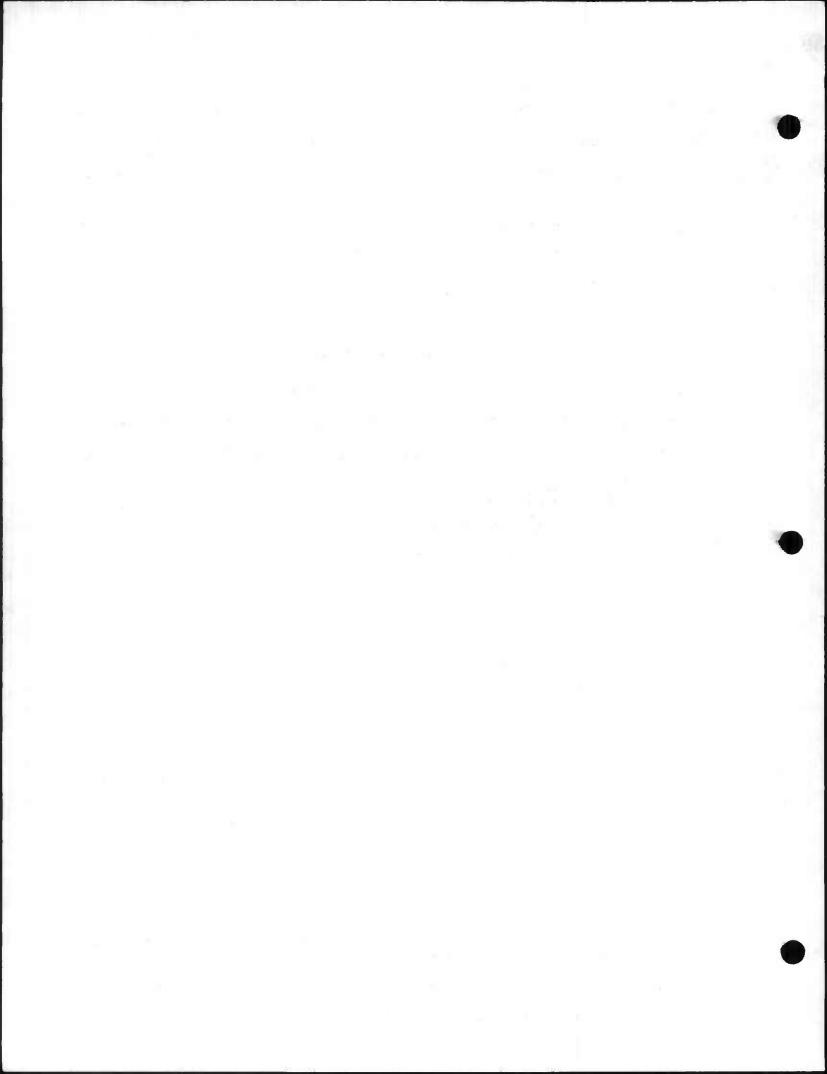


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Frank D. Hendricks June 3, 1997 8:23 p.m. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner 507 4th Street Prince George Laurel 5. Social Security Number If Under 1 If Undar 24 Hrs. 7. Age (In vrs. lest birthday) Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** Days 10XM 2□ F 85 Yrs. Director 109-01-7941 Oct. 17, 1911 New York Usuel Residenca of Decedent the Maryland 10a Stete 10h County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Nes 2□No Director Prince George Laurel 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 507 4th Street 20707 USA Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 D(Yes 2 □ No 1943 If Yes, Give Yeer or Dates: 1945 11 Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amaricen Indien, Black, White, atc. 72 hours after 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes ZNo Specify: White à 3 ☐ Widowed 4 ☐ Divorced 1945 Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mantal Hygiene. Important: If Ilem 27 is merked other than any Injury or other traumetic avant Elamentery/Secondary (0-12) Collega (1-4or 5+) Receiving Manager Retail 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middla, Meidan Surname) Be Frank Hendricks Anna Demko 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Elizabeth I. Hendricks/wife 4th Street, Laurel, Maryland 20b. Plece of Disposition (Neme of camatary, cremetory or other plece) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from Stata 4 ☐ Donetion 5 ☐ Other (Spacify) Ivy Hill Cemetery 6/6/97 Laurel, Maryland 21. Signeture of Edneral Service Lice 22. Name and Address of Fecility Fleck Funeral Home, Inc. 7601 Sandy Spring Road, Laurel, MD 20707
Do not enter the mode of dying, such as cardiac or respiretory errest,
Approxim 23a Part Enter the disease, or complications or heart feilure. List only on couse on such ting **Physician** 4/hyears /Medical Immediate Ceuse (Finel CARCINOMA OF THE LUNG disaase or condition resulting in death) Examiner Due to (or es e consequence of) Examiner buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events rasulting in daeth) Last and Due to (or es e consequence of): P.O. Box 68760. Physician/Medical the Due to (or as a consequenca of): 98 ettending Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t Probably 4 Unknown 1 ☐ Yea 2 ☐ No Division of Vital Records. by 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? 24e. Was en eutopsy performed? Completed peen paga 2 After this certificate has 1 Yes No 25. Was case referred to medical Be 26. Plece of Deeth (Check only one) exeminer 1 Yes 25 No
27 Menner of Deeth
Shatural 5 Other: 4 Nursing Home Residence 6 Other (Specify) 1º 1 ☐ Inpalient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) To the Hospital or Attending Pr within 24 hours after death. To the Funeral Director: After th completely filled in by the funera 28c. Injury at Work? 28b. Time of 5 Pending Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide Certifying Physicien: To the best of my knowledge, death occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigelion, in my opinion, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner stated. Medical 29a. Certifier (Check only one) 29b. Signature end title of cartifier 29c. Licansa number 29d. Data signed (Month, Dey, Yeer) Name end eddress of page who completed cause of deeth (Item 23e) (Type, Print) (humer 14201 CAURER PARK OR \$102 CHUREL IND 2020) 31. Dete filed (Month, Day, Year) 32. Registrar's Signature State Lukia Davidson JUN 0 6 1997 Registrar

DHMH 16 Rev 6/95



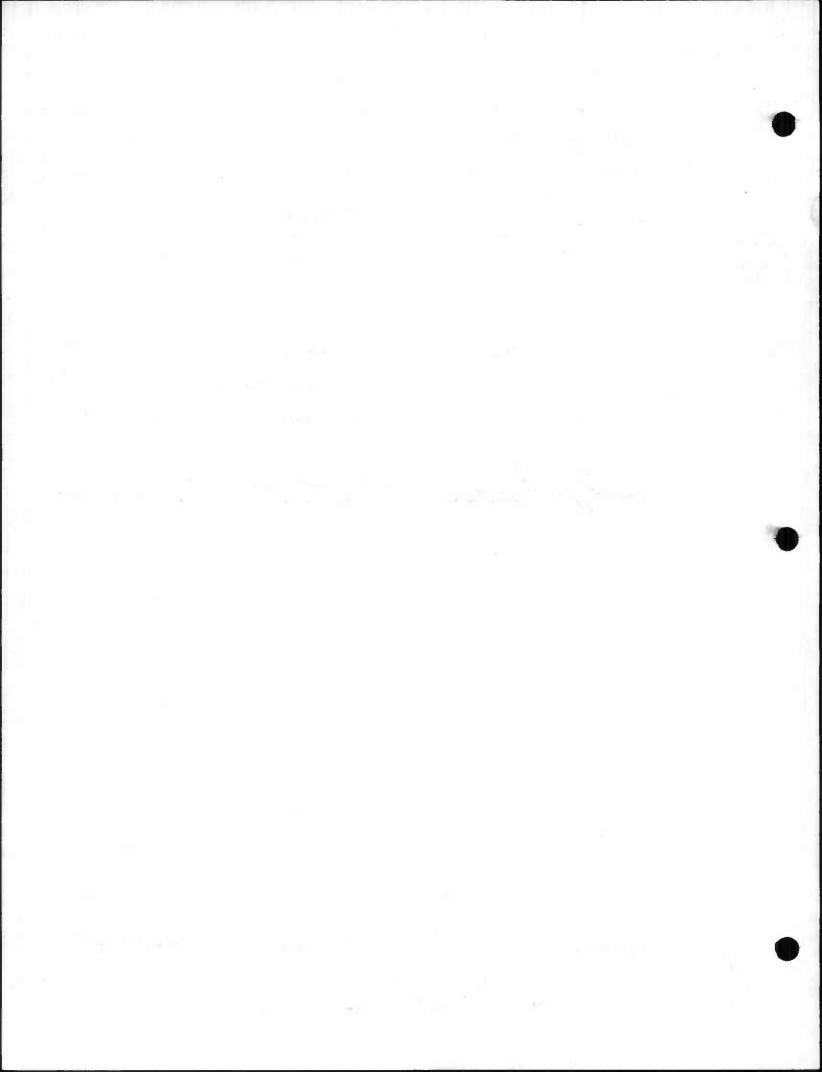
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 3. Time of Death 2. Date of Death Month Year **Physician** June 6, 1997 Martin Jay Hanna, Jr. 2:43a.m. /Medical 4a. Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Westminster Nursing Center Westminster Carroll 8. Data of Birth (Month, Dey, Year) 5. Social Security Number Year If Under 24 Hrs. 7. Aga (In yrs. last birthday) Birthplaca (Steta or Foreign Country) **Funeral** Months 1⊠M 2□ F Yrs. Maryland Director 216-09-4986 87 May 19, 1910 Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show Randallstown 1 Yes 2 No Director Maryland Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10523 Liberty Road 21133 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Bleck, White, etc. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☑ No If Yes, Give Year or Datas: 1 Never Married 2 Married Specify: White 1 ☐ Yes 2 ☑ No Specify: þ Baltimore, Maryland 21215-002 3 X Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) permit. Pages 1 and 2 should be filed within 72 Department of Health and Mental Hygerne. Important: if Item 27 is marked other than "rath any injury or other traumatic event, the Medical ORE. 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Union labor Elemantary/Secondary (0-12) College (1-4or 5+) Local #37 Construction Worker l year 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maldan Sumama) 86 2 Martin Jay Hanna, Sr. Sara Shane Rust 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zlp Code) #4 Stapleton Court #202 Timonium, MD 21093-6732 Martin Jay Hanna, III 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Mt. Olive Cemetery Randallstown, MD 21. Signature of Funaral Service Licensee 22. Name and Address of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133-4784 Enter the discase, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** Immediate Cause (Final disaase or condition resulting in death) /Medical - Direce Examiner Dua to (or as a consequence of): Physician/Medical Examiner l-desician and buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, laading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Dua to (or as a consequence of) Box 68760 physician the Due to (or as a consequence of) use as for use as Records, P.O. Part II. Other afgniffcant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the causa of death? detached 5 1 Yes 2 No 3 Probably 4 Unknown been signed behould be determined by by 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy page 2 certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Vital or Attending Physician: 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 2 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Division of this funeral 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Menner of Deeth 28b. Time of Certification: 28d. Describe how injury occurred After 5 Pending Investigation 1 Natural s after dea. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be detarmined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 T Homicide To the Hospital or within 24 hours af To the Funeral Di completely filled i 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

| Certifying Physician: To the best of my knowledge, death occurred at the time, date and due to the ceuse(s) and manner as stated.

| Certifying Physician: To the best of my knowledge, death occurred at the time, date and due to the ceuse(s) and manner as stated. Medical (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) ml + 045570 6/6/57 30. Name end address of person who completed ceuse of deeth (Item 23e) (Type, Print) 1702 Lilary red Eldenberg, and 21784 32. Registra Signature

Julia Davidson 31. Date filed (Month, Day, Yeer) JUN 0 6 1997 State Registrar

DHMH 16 Rav 6/95



32 Registre's Signature Julia Davidson-Rondelle

Registrar

State

JUN 0 6 1997



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

N/A

10g. Citizan of What Country?

3. Tima of Death

Physician /Medical **Examiner**

JONES ERIC JULIUS 4a. Facility Nama (If not institution, giva streat and number) JOHNS HOPKINS HOSPITAL O.R.

N/A

6. Sex. 1□M 2□F

4b. City, Town, or Location of Death BALTIMORE

22 ay 1997 0507AM 4c. County of Death

Funeral

219-92-7488 Usual Rasidance of Dacedant 10a Stata 10b County

1. Decedent's Nama (First, Middla, Last)

18 10c. City, Town or Location

Yrs.

7. Aga (In yrs. last birthday)

If Undar 1 Yaar | If Undar 24 Hrs. Date of Birth (Month, Day, Year) SEPT 1,78 Hours

2. Data of Death

MART

9. Birthplaca (Stata or Foraign MARYLAND

Director

Baltimore, Maryland 21215-0020

17

Pages 1 and 2 should be nent of Health and Mental

Department of Health ar Important: If Item 27 is any injury or other trau

Physician

/Medical

Examiner

the

98

signed t

page 2 should Completed

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Be

10

Certification:

Medicai

The law requires that the death certificate be executed

Box 68760.

P.O. |

Records,

of Vital

Division

or Attanding Physician:

Hospital 24 hours

To the F within 2

this funeral

After

s after death.

in by

filled

completely

2

MARYLAND

5. Social Sacurity Number

BALTIMORE 10f. Zip Coda

Days

10d. Insida City Limits 1 Yas 2 No

10e. Straat and Number

11. Marital Status

Completed

Be

3519 ELMORA AVE,

21213 Was Dacadant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) U.S.A. 14. Raca - Amarlcan Indian. Black, Whita, atc.

1 Navar Married 2 Married 3 Widowad 4 Divorced

12. Was Dacedant Evar in U,S. Armed Forces? 1 Yas 24 No Yaar or Datas:

1 ☐ Yas 2 No Specify:

Specify: VBLACK

INDUSTRIAL

15. Dacadant's Education (Spacify only highast grada complated) Collega (1-4or 5+)

Elamantary/Sacondary (0-12) 12th GRADE

(Giva kind of work dona during most of working lifa. DO NOT usa retired) LANDSCAPING

16a. Decedant's Usual Occupation

16b. Kind of Business/Industry

17. Fathar's Nama (First, Middla, Last) AUGUSTINE

MONTGOMERY

LULA

18. Mothar's Nama (First, Middle, Maiden Surnama)

19e. Informant's Name/Relationship (Type, Print)

19b. Mailing Addrass (Straet end Number or Rural Routa Number, City or Town, Stata, Zip Coda)

JONES-MOTHER LULA M.

3519 ELMORA AVE.BALTO. Md. 21213

20c. Location - City or Town, Stata

20a. Mathod of Disposition

1 Burial 2 Cramation 3 Ramovai from Stata 4 ☐ Donation 5 ☐ Othar (Spacify)

20b. Place of Disposition (Nama of camatary, crametory or other placa)

MOUNT ZION CEMETERY 5-27-97 LANSDOWNE, MARYLAND

21. Signature of Funaral Sarvice Licensea

22. Name and Address of Facility

CAPLE FUNERAL SERVICE 5502 WINNER AVE.BALTO. Md.21215

MILLS

that the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart feilure. List only one ceuse on each line.

Approximata Intarval Between Onsat and Death

Immedieta Causa (Final disaasa or condition rasulting in death)

Shot Wounds Mulhole Gun

Examiner Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Diseesa or injury thet initieted avants rasulting in daath) Last Physician/Medicai

Dua to (or as a consequenca of): Dua to (or as a consaguance of)

Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy

24b. Wara autopsy findings available prior to complation of cause of death?

1 No Yas 2 No

1 1 Yas 2 □ No

25. Was casa referred to medical axaminar? XX as 2 □ No

27. Menner of Death

1 Natural

2 Accident

4 Homicide

3 ☐ Sulcida

Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 28a. Deta of Injury (Month, Day Year) 5 Pending invastigation

28b. Tima of 7234M 5-21-97

28c. Injury et Work? 1 Yas 2 No

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28d. Dascribe how Injury occurred

26. Place of Death (Check only ona)

subject shot 281. Location (Streat and Number or Rurel Route Number, , City or Town, Stata)

29a. Certifier (Check only one)

28a. Place of Injury - At homa, farm, street, factory, offica building, atc. (Specify) 1600 buk Normal 1 Cartifying Phyalcian: To the best of my knowledge, deeth occurred et the time, date end place, and due to the cause(s) end menner es steted.

**Ciffedical Examiner: On the basis of exemination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura and title of certifier

29c. Licansa number O.C.M.E 29d. Data signed (Month, Day, Year) MAY 23, 1997

30. Name and address of parson who completed causa of daath (Itam 23a) (Type, Print)

Warin Fowler 31. Data filed (Month, Day, Year)

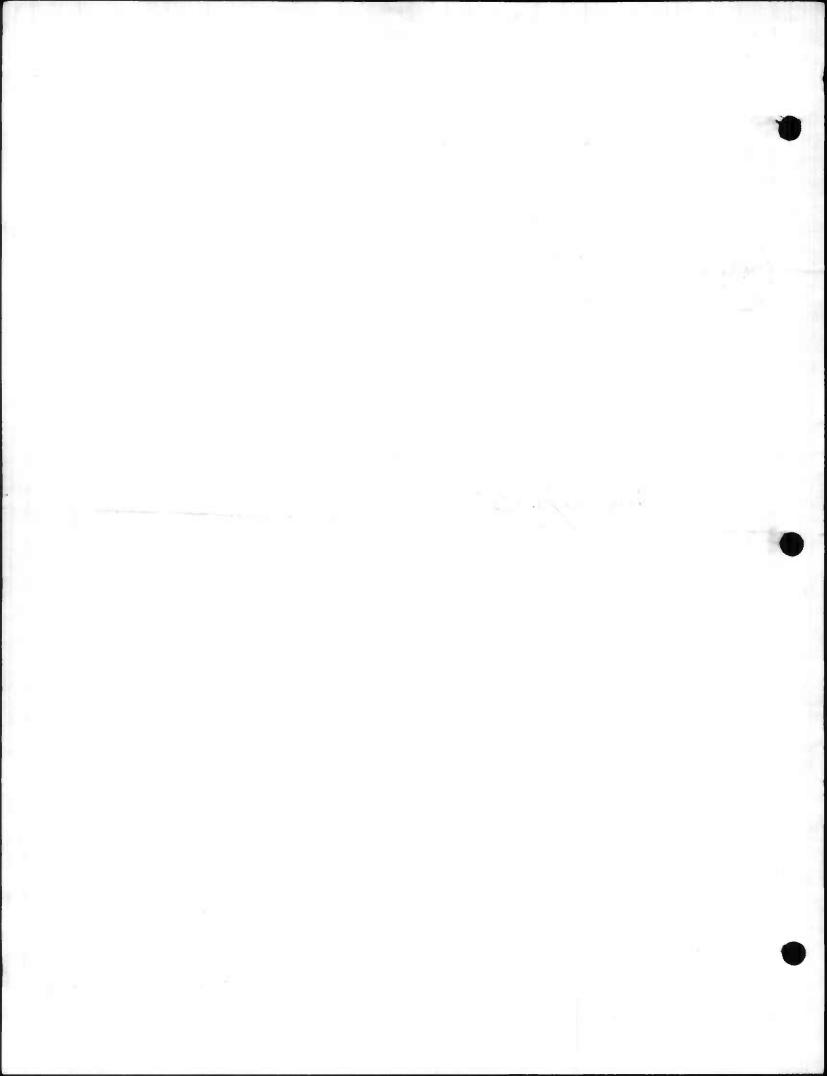
JUN 0 6 1997

6 Could not ba datarminad

111 Penn Street, Baltimore, Maryland 21201 32. Degistrar's Signature his Davidson-Randelle

State Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 17000

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| Dhusisian | | . Decedent's Neme (First, Middle, Last, | | 1 | 0.10 | | 0 | 2. Dete of Dee | | Yeer | 3. Time of Courth | | |
| Physician /Medicai | | JOHN P. | P | L | LONG | 5 | R. | JUNE | 03 | 1997 | 11132am | | |
| Examiner | 14 | e. Fecility Neme (If not institution, give | street end number) | | | | | cation of Deeth | 4c. Count | ty of Death | | | |
| | L | Good Samaritan Ho | | | | | ltimor | | N/: | A | | | |
| eral | | Social Security Number 6. Security Number 215-05-4609 July Suel Residence of Decedent | 7. Age (In yrs | i. lest birthda Yrs. | y) If Under 1 Ye Months Dey | | der 24 Hrs. rs Min. | 8. Dete of Birt (Month, De June 29 | y, Year) 1917 | Cou | place (Stete or Foreign ntry) .yland | | |
| | - | Oe. Stete 10b. County | 10c. C | ity, Town or | Location | | | | | - I. | 10d. Inside City Limits | | |
| be notified a | ٨ | Maryland N/A | | Bal | timore | | | | | | 1X Yes 2□No | | |
| 를 참 | ď | 0e. Street end Number 4223 Shamrock Aver | | | 10f. Zip Code | | | | 10g. Citizen of | | ntry? | | |
| and lead | | | Wes Decedent Ever in I | 10 14 | | 21206 | 0.1.1.0.10 | - 7 - 1/ 1/- | u. s | | and to disc | | |
| 1 by Fun | | 1. Marital Status 1 □ Never Merried 2 □ Married 3 □ Widowed 4 ☑ Divorced | Armed Forces? 1 [X] Yes 2 □ No If Yes, Give Yeer or Detes: WW 7 7 | | 3. Was Decedent of If Yes, specify C | | | Rican, etc.) | Speci | | White, etc. White | | |
| etec | | 15. Decedent's Edu (Specify only highest gred | cation e completed) | 16e. Dec | edent's Usuel Occ ve kind of work do | cupetion ne during n | nost of worki | ina | ndustry | | | | |
| Completed | - | Elementary/Secondary (0-12) | College (1-4or 5+) | | ve kind of work doi . DO NOT use ret | | | | | | | | |
| 3 | L | 8th Grade | | She | et Metal | 7 | | | | | poration | | |
| To Be | 1 | 7. Fether's Neme (First, Middle, Last) | | | | | | eme (First, Middle, Maiden Surname) | | | | | |
| 10 | | Charles Long | | | | | | Vinninger | | | | | |
| 1 | | 19a. Informant's Name/Relationship (Ty | | | iling Address (Stre | | | | | | p Code) | | |
| | - | John P. Long Jr. | (Son) | |) Pirch W | | Elkrid | | | | | | |
| | 2 | 0e. Method of Disposition 1 Buriel 2 □ Cremation 3 □ R | 20b. | Plece of Dis | position (Neme of remetory or other p | plece) | - | Dete | 20c. Location | - City or T | own, Stete | | |
| | | 4 □ Donetion 5 □ Other (Specify) | emover from State | | re Cemet | | 6/7/9 | 97 | Baltin | oro. | Maryland | | |
| 9 | 1 | 21. Signeture of Esperel Service License | | | 22. Neme end Add | dress of Fe | cility | | | 10,000 | mo egreata | | |
| Sus | | 1/1:1 | 1. | | Schimune | | | | | | | | |
| | + | [[Men] | entions that savend the des | th Donate | 3331 Bro | ehms i | Lane, | Baltimo | re, Ma | rylan | | | |
| | 1 | 23s. Fart I. Enter the disease, of compli shock, or heart failure, but only or | cations that caused the dee ne ceuse on eech line. | ein. Do not e | enter the mode of t | aying, such | es cardiac d | or respiretory ar | rest, | 1 | Approximete Intervel Between Onset end Death | | |
| n oi | Ι. | mmodiate Cours (Final | | | | | | | | | | | |
| ai er | | Immediete Ceuse (Finel disease or condition resulting In deeth) e. ESOPHAGEAL TUMOR | | | | | | | | | MONTHS | | |
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| J-F | | |), | | | | | | | 1 | | | |
| Examiner | 5 | Sequentially list conditions, leading to immediate | Due to (| (or es e cons | equence of): | | | | | 1 | | | |
| E E | 18 | Sequentially list conditions, leny, leading to immediate ause. Enter Underlying Cause (Disease or Injury | | | | | | | | | | | |
| Aedical | t | hat Initiated events esulting in deeth) Lest | Due to (| or es a cons | equence of): | | | | | | | | |
| Me | | | | | | | | | | 1 | | | |
| Physician/ | | | | | | | | | | 1 | | | |
| sic | P | Pert II. Other significant conditions contributing to death but not resulting In the underlying cause given in Pert I. | | | | | | | 23b. Did tobecco use contribute to the cause of death | | | | |
| Phy | | METASTATIC BONE DISEASE PLEURAL EFFUSION | | | | | | | | | | | |
| by | - | 11012181 | IC SONE | 215 | CASE | | | | | | | | |
| Completed | | PLEURAL | EFFUSI | ON | | | | 24e. Wes perfo | en eutopsy rmed? | 6/ | Vere eutopsy tindings veileble prior to | | |
| pie | . - | | | | | | | | | of | ompletion of cause deeth? | | |
| FO | | | | | | | | 101 | res 2 0 | 1 | □Yes 22No | | |
| Se C | 2 | 5. Wes case reterred to medical | | | | 26 PI | lece of Deeth | n (Check only o | | | | | |
| ToB | | exeminer? | ospitel: | ☐ ER/Outpet | ient 3□ DOA | Othors | | | | her (Snesi | ify) | | |
| 1: | | 7. Manner of Deeth | 28e. Dete of injury (Month, Dey Year) | 28b. Time | of 28c. In | njury et Work? | | g Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred | | | | | |
| tion | | 1 ■ Vaturei 5 □ Pending 2 □ Accident investigation | (Month, Dey Year) | Injury | | Nork? □Yes 2 | | | | | | | |
| Ica | | 3 ☐ Suicide 6 ☐ Could not be | | | | | 28f. Location (Street end Number or Rural Route Number, | | | | | | |
| Certification: | | 4 ☐ Homicide determined | building, etc. (Spec | 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) | | | | | City or Town, Stete) | | | | |
| ŭ | | 9a. Certifier 1 Certifying Phys | telen. To the best of an 1 | audada | oth population of the state of | Alama de- | | and due to the | | | | | |
| Medical Certification: To Be Comp | 1 | (Check only one) | elcian: To the best of my kn her: On the bests of examin- | etion end/or | ein occurred et the investigation, in <i>m</i> | y opinion, o | death occurr | end due to the e | cause(s) and n dete end place | nenner es : , and due l | sieted. to the cause(s) | | |
| Se Se | 4 | | end menner stated. | | 200 Line | ance numb | of | т- | 20d Data sinn | ad (Manth | Day Veerl | | |
| | 1 | 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day | | | | | | | | | | | |
| | | 1 1000 amed K | harfan Da | baja | | 105 | | | | | 1997 | | |
| | | O. Name and address of person who co Mohamed Kharfa | in Dabaja | HD. | e, Print) Good | | | | | | laryland, | | |
| tate | 3 | 1. Date tiled (Month, Day, Yeer) | 32 Registrats Sign | eture Range | Lalles | | | , | | | | | |
| gistrar | | JUN 0 6 1997 | July to to the | | | | | | | | | | |
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